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Moore Funeral Home Records
Cromwell,
Noble County, Indiana

1957-1961

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RECORD OF FUNERAL

No. 246

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Fannie (Middle) Roberta (Last) Swarty

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ligonier

STREET ADDRESS (If rural, give location): 502 S. Main

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH COUNTY: Noble STATE: Indiana

CAUSE OF DEATH: Complications

AUTOPSY YES ☐ NO ☑

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ligonier

LENGTH OF STAY (in this place): 17 yrs.

PHYSICIAN: Dr. R. C. Stone

Address: Ligonier, Ind. Phone No.:

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 S. Main

SURVIVED BY: 2 sons - Henry - Bay City, Mich. Claude, Cromwell - 3 daughters - Miss Nellie Swarty, So. Bend - Mrs. Fern Wenrick, Ligonier & Mrs. Gladys Morris, Syracuse - 1 sister Mrs. Nora Layne, Richmond, Va. 6 grandchildren & 1 great grand child

Phone No.:

DATE OF DEATH: (Month) December (Day) 4 (Year) 1961 (Hour) 8:25 A.M.

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: James E.

Age of husband or wife if alive: years

DATE OF BIRTH: Dec 15, 1874 | AGE (In years last birthday): 86 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY:

BIRTHPLACE (State or foreign country): Milton, Virginia

CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: Jacob Rhnie

MOTHER'S MAIDEN NAME: Martha Robertson

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.: none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Mrs. Fern Wenrick

Address: 502 S. Main, Ligonier, Ind. | Relationship to the deceased: Daughter

PLACE OF BURIAL Cremation or Removal

Cemetery: Oak Park | DATE: 12-6 19 61

Location: Ligonier

County: Noble State: Indiana

CEMETERY LOT NO. Owner of Lot

Section Grave No.

RELIGION: Methodist

CLERGYMAN: Rev. A. E. Helm & Rev. Edward Hagen

Address Phone No.

FUNERAL DATE: Wednesday Dec 6, 1961

TIME: 1:00 P.M.

PLACE: Cromwell Methodist Church

FRATERNAL AFFILIATIONS:

SINGERS: Mildred & Delbert Hard

BEARERS: Dale Harvey, Arthur Loveless, John Loveless, Harold Bitner, Sr., Dallas Archer, John Hagan

FUNERAL DIRECTED BY: L. H. Moore License No.: 1752

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

246-16

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

4 Dec 1961

Full name of deceased Nannie Roberta Swartz Age 86

Deceased is mother (Give Relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	$639.00
Outside Receptable	120.00
Clothing	
Foot Wear	
Total (A)	759.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount $

(A) Services, including merchandise $759.00

(B) Accomodation Items $35.00

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $794.00

My, or our, preference for settlement is:

Terms Discount $12.78 if paid in full on or before Dec. 20, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit	Bal
12-26-61	794.00	133.80	660.20
12-26-61	660.20	267.60	392.60
1-8-62	392.00	392.60	

Pd in full

RECORD OF FUNERAL

No. 245

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Russell (Middle) Lowell (Last) Miller

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY La Grange STATE

CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange | LENGTH OF STAY (in this place) 11 days

FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION La Grange County Hospital

DATE OF DEATH (Month) November (Day) 29 (Year) 1961 (Hour) 11:00 A

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. G. F. Stultz

Address La Grange Phone No.

SURVIVED BY 1 sister - Phone No.

Mayme C. Wilson - Cromwell

1 Brother - Ike Kinley Miller - RR2 Pierceton

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	Divorced

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Dec. 21 1889	71				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector (Retired) | KIND OF BUSINESS OR INDUSTRY Factory

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Jasper Miller

MOTHER'S MAIDEN NAME Lizzie Wyland

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No | SOCIAL SECURITY NO. 315-01-8496

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Mayme C. Wilson

Address Cromwell, Ind. | Relationship to the deceased sister

PLACE OF BURIAL Cremation or Removal | DATE 12-1 19 61

Cemetery Leota

Location Kimmell

County Noble State Indiana

RELIGION Protestant

CLERGYMAN Rev. Albert Rider

Address Fowlerton, Ind. Phone No. Wi 5-4849

FUNERAL DATE Friday Dec. 1, 1961

TIME 2:00 PM

PLACE L. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Tommy Offig, Linus Brown, Elton Deardorff, Mark Galloway, Elmer Schlabach, Braden Hadley

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L.H. Moore License No. 1752

EMBALMER'S LICENSE NO. #180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Russell Lowell Miller
(NAME OF DECEASED)

515-01-8496
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

HUTTON
RICHMOND INDIANA

	A	C		
1950	12		2	- 14
1951	15	1	2	- 18
1952	17		1	- 18
1953	15	3		- 18
1954	16	1	3	- 20
1955	21	4		- 25
1956	16	1	2	- 19
1957	15	3		- 18
1958	20			- 20
1959	20		3	- 23
1960	28	2	5	- 35

245-15

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

30 Nov 1961

Full name of deceased Russell L. Miller Age 71

Deceased is Brother (Give Relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	470.00
Outside Receptable	105.00
Clothing	
Foot Wear	
Total (A)	575.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
shirt	3.95
certified copy of death	1.00
Total (B)	39.95

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise $ 575.00

(B) Accomodation Items $ 39.95

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 614.95

My, or our, preference for settlement is:

Terms _____

_____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____ Signature of Purchaser

_____ Address

_____ City State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

	Debit	Credit
12-2-61	614 95/100	614 95/100

pd in full

RECORD OF FUNERAL

No. 244

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Oval (Middle) Dewey (Last) Hursey

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Turkey Creek Twp.

STREET ADDRESS (If rural, give location) Lake Wawasee

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Kosciusko PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Indiana

CAUSE OF DEATH Coronary occlusion

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Turkey Creek Twp. LENGTH OF STAY (In this place) 6 years

AUTOPSY YES ☐ NO ☐

PHYSICIAN Dr. D. Hooker

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RR 2 Syracuse Ind.

Address Phone No.

SURVIVED BY wife Neva Phone No.

1 son, Paul - Cromwell

1 Brother - Vern - Cromwell

3 sisters Mrs. Owen Norris - RFD Albion

Mrs. Harry Ramsby - Lake Wawasee

Mrs. Laurence Hollingsworth - Cromwell

2 grand children

DATE OF DEATH (Month) November (Day) 13 (Year) 1961 (Hour) 10:20 P.

SEX male COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Neva

Age of husband or wife if alive

DATE OF BIRTH Feb 15, 1901 AGE (In years last birthday) 60 years If Under 1 Year: Months Days If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic KIND OF BUSINESS OR INDUSTRY Garage

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY U. S. A.

FATHER'S NAME Lemuel A. Hursey

MOTHER'S MAIDEN NAME Zula Green

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of ser.)

SOCIAL SECURITY NO 303-10-8129

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Neva Hursey

Address RR 2 Syracuse, Ind Relationship to the deceased wife

RELIGION Protestant

CLERGYMAN Rev. W. M. McClintock

Address Cromwell, Phone No.

FUNERAL DATE Thurs Nov 16, 1961

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS Cromwell - Kimmell Lions Club

SINGERS

BEARERS Dennis Brown, Lloyd Lemon, Jake Krueger, Gary Krueger, Jack Krueger, Joe Dale Bullock

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kimmell County Noble State Indiana DATE Nov. 16 19 61

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

DOODLER PAD

781.00 95.00
95.00
896.00 95.00
1160.00 95.00
1052.00 95.00
654.00 95.00
95.00
373.00 95.00
764.00 95.00
654.00 95.00
787.00 95.00
1130.00 95.00
654.00 95.00
678.00
595.00
373.00 95.00
105.00

M. E. Gurney Co., Inc.

CASKETS

KENDALLVILLE, INDIANA

FACTORY PHONE: 122

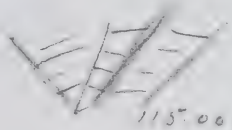
RESIDENCE PHONES:
MILO E. GURNEY 22
ROBERT F. WEINGART 850

595.00
748.00
460.00
861.00
730.00
610.00

19133.00

684

105.00
105.00
105.00
115.00
110.00
105.00



1052
595
748
595
734
690

115.00
105.00
105.00
105.00
105.00
105.00
105.00

735

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Orval Dewey Hussey
(NAME OF DECEASED)

303-10-5129
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	1036 00/100
Outside Receptable	115 00/100
Clothing	
Foot Wear	
Total (A)	1151 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

244 - 14

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

Funeral Purchase Record

14 November 1961

Full name of deceased Orval D. Hussey Age 60

Deceased is Husband of person arranging services.
(Give Relationship)

(A)	Services, including merchandise	$ 1151 00/100
(B)	Accomodation Items	$ 35 00/100
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1186 00/100

My, or our, preference for settlement is:

Terms Discount $23.00 if paid in full on or before Nov. 30, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Disc.
11-29-60	1186.00	1163.00	23.00

P'd in full
[illegible]

RECORD OF FUNERAL

No. 243

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Myrtle (Middle) Mae (Last) Goodrich

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location) Home

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

LENGTH OF STAY (in this place) 25 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

DATE OF DEATH (Month) September (Day) 2 (Year) 1961 (Hour) 7:30A

SEX Female COLOR OR RACE White MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife / John

Age of husband or wife if alive

DATE OF BIRTH July 15, 1892 AGE (In years last birthday) 69 If Under 1 Year: Months Days Hours Min. If Under 24 Hrs.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME David Cox

MOTHER'S MAIDEN NAME Etta Matheson

WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Kenneth Goodrich
Address 203 W 3rd St. Ligonier, Ind. Relationship to the deceased step son

PLACE OF BURIAL Cremation or Removal Cemetery West Etna Baptist DATE Sept 5 1961
Location
County Whitley State Indiana

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN A. R. C. Stone

Address Ligonier Phone No.

SURVIVED BY Husband - John Phone No.
1 daughter - Mrs Marie Brown, RR 4 Albion
1 step daughter - Mrs Adelia Hutchison RR 5 Elkhart
1 step son - Kenneth Goodrich, Ligonier
6 grandchildren - 2 great grandchildren
1 Bro.

RELIGION Protestant
CLERGYMAN Rev Don Royer
Address Cromwell Phone No.
FUNERAL DATE Tuesday - Sept 5, 1961
TIME 2:00 P M
PLACE L N Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Lester Shaw, Bob Ripley, Marvin Royer, Max McGuire, Lisan Hostetler, David Price

FUNERAL DIRECTED BY L N Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

243-13

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

3 Sept 1961

Full name of deceased Myrtle M. Goodrich Age 69

Deceased is mother of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	383 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	488 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	30 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	30 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount $

(A) Services, including merchandise $ 488 00/100

(B) Accomodation Items $ 30 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 518 00/100

1/3 of $518 00/100 = $172 00/100

My, or our, preference for settlement is:

Terms $35 00/100 Cash - Balance to be paid $10 00/100 per month until paid in full

Legal rate of interest after maturity.

Payments due on 1st of month

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Kenneth Goodrich
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
11-10-61	$172.00	55.00
	117.00	

243-13

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

3 Sept 196 1

Full name of deceased Mystle M. Goodrich Age 69

Deceased is Sister (Give Relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	383 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	488 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	30 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	30 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise $ 488 00/100

(B) Accomodation Items $ 30 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 518 00/100

1/3 of $518 00/100 = $172 00/100

My, or our, preference for settlement is:

Terms $35 00/100 Cash - Balance to be paid $10 00/100 per month until paid in full

Legal rate of interest after maturity.

Payments due on 1st of month

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

v Marie Brower
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
9-18-61	172 00/100	35 00/100	137 00/100
10-16-61	137 00/100	10 00/100	127 00/100
1- -62	127 00/100	20 00	107 00
6-11-62	107 00	107 00	-0-

Pd in full

243-13

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

3 Sept 196 1

Full name of deceased Myrtle M. Goodrich Age 69

Deceased is mother of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	383.00/100
Outside Receptable	105.00/100
Clothing	
Foot Wear	
Total (A)	488.00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	30.00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	30.00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise $ 488.00/100

(B) Accomodation Items $ 30.00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 518.00/100

1/3 of $518.00 = $172.00/100

My, or our, preference for settlement is:

Terms $35.00/100 Cash – Balance To be paid $10.00/100 per month until paid in full

Legal rate of interest after maturity.

Payments due on 1st of month

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

/Odalia B. Newhouse
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
11-6-61	$172.00	55.00
5-29-62	117.00	
	57.00	

RECORD OF FUNERAL

No. 242

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Leone (Middle) Genievere (Last) Stick

CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR 2 Syracuse

STREET ADDRESS (If rural, give location) Lake Wawasee

USUAL RESIDENCE (Where deceased lived If institution: residence before admission)

STATE Ind. COUNTY Kosciusko PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CAUSE OF DEATH Carcinoma

AUTOPSY YES ☐ NO ☒

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ligonier

LENGTH OF STAY (in this place) 2 wks

PHYSICIAN Dr. C. F. Stultz

Address Ligonier Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Earnhart Home

SURVIVED BY Husband - M. O. Stick Phone No

3 sisters 1 Brother + 5 ½ sisters

DATE OF DEATH (Month) July (Day) 13 (Year) 1961 (Hour) 1:50 P

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Martin O. | Age of husband or wife if alive years

DATE OF BIRTH Jan. 6, 1879 | AGE (In years last birthday) 82 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Pennsylvania | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME J. Frank Bair

MOTHER'S MAIDEN NAME Belle Stephens

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 308-16-9396B

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Martin O. Stick

Address RR 2 Syracuse, Ind | Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal

Cemetery Oak Park | DATE 6-15 1961

Location Ligonier

County Noble State Indiana

RELIGION Protestant

CLERGYMAN Rev Donald E Poyser

Address Cromwell, Ind. Phone No

FUNERAL DATE Saturday July 15, 1961

TIME 2:00 PM E S T

PLACE C H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Jay n Stace Ralph Widdifield
Ralph Crist T D Howell
Mac Howell, Cleo Green

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY C H Moore License No. 1752

EMBALMER'S LICENSE NO. E 190

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Leona H. Steck
(NAME OF DECEASED)

308-16-9396 B
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

242-12

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

14 July 196 1

Full name of deceased Leone H. Stuck Age 82

Deceased is wife of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	619 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	724 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 724 00/100
(B) Accomodation Items	$ 35 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 759 00/100

My, or our, preference for settlement is:

Terms Disc. $40 00

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
7-17-61	719.00	619.00
8-7-61	100.00	100.00

Pd in full

RECORD OF FUNERAL

No. 341

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Charles (Middle) William (Last) Long

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sparta Township

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: RR Albion

LENGTH OF STAY (in this place):

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kondas Nursing Home

DATE OF DEATH: (Month) July (Day) 11 (Year) 1961 (Hour) 6:00P

SEX: male | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife:

Age of husband or wife if alive:

DATE OF BIRTH: Dec. 5 1878

AGE (In years last birthday): 82 years

If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

KIND OF BUSINESS OR INDUSTRY: Farm owner

BIRTHPLACE (State or foreign country): Iowa

CITIZEN OF WHAT COUNTRY?: U. S. a.

FATHER'S NAME: William Long

MOTHER'S MAIDEN NAME: Susie Nichols

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of ser.): No

SOCIAL SECURITY NO.: 315-20-5780

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Merle Long
Address: 4515 Lilly St. Ft Wayne
Relationship to the deceased: son

PLACE OF BURIAL Cremation or Removal
Cemetery: Thorn
Location: Washington Twp.
County: Noble State: Ind.

DATE: July 14 1961

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. R. C. Stone

Address: Ligonier Phone No.

SURVIVED BY 1 Son Merle of Ft Wayne Phone No.
1 sister - Mrs. B. H. Bahnsen, Billings, Montana

RELIGION: Protestant

CLERGYMAN: Rev. Merle Friskney

Address: Cromwell Phone No.

FUNERAL DATE: Friday - July 14, 1961

TIME: 2:00 PM

PLACE: L H Moore Funeral Home

FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS: Walter Carrick, Elmer Schlabaugh, Alvin Wilkinson, Everett Baker, Harold Borchardsky

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. H-51

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

[illegible] CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

Form OA-C719
(9-60)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R-451.4.

Please complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

Charles W. Long
(Name of deceased)

Moore Funeral Home
Cromwell, Indiana

315-20-5780
(Social security account number)

July 11, 1961
(Date of Death)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Charles William Long
(NAME OF DECEASED)

315-20-5780
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

241-11

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

11 July 1961

Full name of deceased Charles W. Long Age 82

Deceased is Father of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	$790.00/100
Outside Receptable	105.00/100
Clothing	21.75/100
Foot Wear	
Total (A)	916.75/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	20.00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 916.75/100
(B) Accomodation Items	$ 20.00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 936.75/100

My, or our, preference for settlement is:

Terms $14.80/100 Discount if paid in full on or before July 26, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit	
7-22-61	936 75	921 95	14 80 due

Pd in full

RECORD OF FUNERAL

No. 24C

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Duane (Middle) LeVon (Last) Bitner

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) Sparta Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Cass STATE Mich.

CAUSE OF DEATH accidental drowning

AUTOPSY YES ☐ NO ☒

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Newberg

LENGTH OF STAY (In this place) hrs.

PHYSICIAN Rollo Schoff - Coroner

Address 314 N. Front St. Phone No. Much

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harwood Lake, Cass County

SURVIVED BY father Phone No.

1 Bro. 1 Larry at Home

DATE OF DEATH (Month) June (Day) 25 (Year) 1961 (Hour) 3:05 P

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Nov. 19 1950 | AGE (In years last birthday) 10 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | KIND OF BUSINESS OR INDUSTRY Grade school

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Howard Bitner

MOTHER'S MAIDEN NAME Margaret Randall

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Howard Bitner

Address RR2 Ligonier, Ind. | Relationship to the deceased father

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta | DATE 6-28 1961

Location Kimmell

County Noble State Ind

RELIGION Methodist

CLERGYMAN Rev. Edward Hagen

Address Cromwell Phone No.

FUNERAL DATE June 28, 1961 — Wednesday

TIME 2:00 PM

PLACE Cromwell M. E. Church

FRATERNAL AFFILIATIONS

SINGERS Mildred & Delbert Gard

BEARERS active - Kenny Leamon, David Swartz, Ted Harrison, Larry Hawbeck

Honorary - Bill Shaw, Steve Harrison, Danny Jarr, Dengil Archer, Wendell Bitner,

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

240-10

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

27 June 1961

Full name of deceased Duane LeVon Bitner Age .....

Deceased is son of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	375 00/100
Outside Receptable	72 00/100
Clothing	
Foot Wear	
Total (A)	447 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	25 00/100
Clergyman	
Special Music	
Obituary Notices	
Total (B)	60 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C) .....

Total Amount $.....

(A) Services, including merchandise	$ 447 00/100
(B) Accomodation Items	$ 60 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 507 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
7-14-61	507.00	
		507.00

PD in full

RECORD OF FUNERAL

No. 239

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Cora (Middle) Lovina (Last) Fritz

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH
COUNTY Sarasota STATE Fla.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarasota
LENGTH OF STAY (in this place) 2½ mo.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wilhelms Nursing Home

CAUSE OF DEATH Cerebral Thrombosis
AUTOPSY YES ☐ NO ☒
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No.
1 daughter - Mrs Jessie Haish, Syracuse Rt 2, Ind.
1 son - Edmund Fritz, Sarasota Fla.
1 grand daughter & 2 great grand daughters

DATE OF DEATH (Month) June (Day) 21 (Year) 1961 (Hour) 4:00 AM
SEX Female
COLOR OR RACE white
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife
Age of husband or wife if alive

DATE OF BIRTH Dec. 16, 1876
AGE (In years last birthday) 84 years
If Under 1 Year: Months Days
If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
KIND OF BUSINESS OR INDUSTRY own Home

BIRTHPLACE (State or foreign country) Noble Co., Ind
CITIZEN OF WHAT COUNTRY U.S.A.

FATHER'S NAME William Thompson

MOTHER'S MAIDEN NAME Emily Conrad

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No
SOCIAL SECURITY NO 264-38-1924

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Alice S. Fritz
Address Sarasota, Fla.
Relationship to the deceased daughter-in-law

PLACE OF BURIAL Cremation or Removal
Cemetery Oak Park
DATE 6-25 1961
Location Pigeonier
County Noble State Indiana

RELIGION E U B
CLERGYMAN Rev. Edward Hager
Address Cromwell Phone No.
FUNERAL DATE Sunday, June 25, 1961
TIME 2:00 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS John Beck, Jack Schlichtemeyer, Dayle Burket, Nellis Kunce, Emerson Bushong, Don Poyser

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Cora Lovina Fritz
(NAME OF DECEASED)

264-38-1924
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

239 - 9

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

24 June 1961

Full name of deceased Cora L. Fritz Age 84

Deceased is mother of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service ~~Preparation and Preservation~~ Funeral Facilities & Equipment ~~Visitors Register~~ Acknowledgement Cards Funeral Car or Sedan Casket Coach ~~Casket~~	125 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	230 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	40 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/
Special Music	
Obituary Notices	
Total (B)	40 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise $ 230 00/100

(B) Accomodation Items $ 50 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 280 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
7-20-61	280.00	280.00

RECORD OF FUNERAL

No. 235

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Minnie (Middle) Marsha (Last) Conner

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location): RR 1 Lygonier

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE

PLACE OF DEATH
COUNTY: Noble STATE: Ind. ~~29~~

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sparta Twp.

LENGTH OF STAY (in this place): 29 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR 1 Lygonier

DATE OF DEATH: (Month) June (Day) 14 (Year) 1961 (Hour) 10:45 P

SEX: Female | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: Jacob | Age of husband or wife if alive: years

DATE OF BIRTH: Mar 28 1870 | AGE (In years last birthday): 91 | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. a.

FATHER'S NAME: Sam Cashey

MOTHER'S MAIDEN NAME: Nancy Jane Collins

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Mrs. Edna Hoppert

Address: RR 1 Cromwell, Ind. | Relationship to the deceased: daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery: Sparta | DATE: 6-17 1961
Location: Kimmell, (
County: Noble State: Ind.

CAUSE OF DEATH: Duanition

AUTOPSY YES ☐ NO ☒

PHYSICIAN: D. C. Stone, M. D.

Address: Lygonier, Ind. Phone No.

SURVIVED BY: 2 daughters Phone No.
Mrs. Edna Hoppert - RR 1 Cromwell
Mrs. Alta Kohli - RR 1 Lygonier
8 grandchildren
13 great grand children

RELIGION: Lutheran

CLERGYMAN: Rev. Raymond A. Nelson

Address: Waynedale, Ind. Phone No.

FUNERAL DATE: June 17, 1961 Saturday

TIME: 2:00 P m

PLACE: L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: L H Moore License No. 1752

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE June 15, 1961

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Mrs. Minnie M. Conner

in Burial Space four (4) Lot 650 Section 5 Recorded in the name of Jacob Conner

Vault size Cromwell Cement Vault.

Grave opening to be ready by 1:00 ~~A.M.~~/P.M. Date Saturday June 17, 1961

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $35.00 for grave opening

x Loyd H. Moore — Cromwell, Ind. Funeral Director

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director L. H. Moore, Cromwell, Ind. Number

235 - 8

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

15 June 1961

Full name of deceased Minnie Conner Age 91

Deceased is mother of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	871.00
Outside Receptable	105.00
Clothing	
Foot Wear	
Total (A)	976.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A)	Services, including merchandise	$ 976.00
(B)	Accomodation Items	$ 35.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1011.00

My, or our, preference for settlement is:

Terms 1% 5D Disc if paid in full on or before July 15, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
8-18-61	1011.00	1011.00

Pd in full

RECORD OF FUNERAL

No. 237

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Louisa (Middle) Pearl (Last) Linn

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY La Grange STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange

LENGTH OF STAY (In this place) 7 hrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange Co Hospital

DATE OF DEATH (Month) June (Day) 6 (Year) 1961 (Hour) 10.00 P.

SEX female COLOR OR RACE white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Taylor Age of husband or wife if alive years

DATE OF BIRTH Aug 14, 1885 AGE (In years last birthday) 75 If Under 1 Year: Months Days Hours Min. If Under 24 Hrs.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME John Miller

MOTHER'S MAIDEN NAME Maria Williams

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Dorothy Tenney

Address Columbia City Relationship to the deceased Daughter

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kimmell County Noble State Indiana DATE 6-9 19 61

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. R. F. Stultz

Address Lagonier Phone No.

SURVIVED BY Phone No.

1 daughter - Mrs. Dorothy Tenney - Col City

3 sons - Everett, RR 2 Lagonier

Merle - Arabil

Earl - North Liberty

12 grandchildren

26 great grand.

2 Brothers George & Jack Miller - Cromwell

RELIGION Protestant

CLERGYMAN Rev. Eugene Brown

Address Kimmell Phone No.

FUNERAL DATE Friday - June 9 - 1961

TIME 3:00 PM

PLACE D A Moon Funeral Home

FRATERNAL AFFILIATIONS

SINGERS Good Night & Good Morning Thurs The Tomorrow

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY D A Moon License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

237-7

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	690 00
Outside Receptable	105 00
Clothing	
Foot Wear	
Total (A)	795 00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

7 June 1961

Full name of deceased Louisa Pearl Lehn Age 77

Deceased is mother of person arranging services.
(Give Relationship)

(A) Services, including merchandise	$ 795 00/100
(B) Accomodation Items	$ 35 00
* (C) Additional items ordered later	$ ~~35 00~~

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 830 00/100

My, or our, preference for settlement is:

Terms 13^{00} Discount if paid in full on or before June 22, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
		500.00	330.00
January 6 - 1961	830.00		
June 24 - 1961	330.00	330.00	

Pd in full

RECORD OF FUNERAL

No. 236

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Myrtle (Middle) Lola (Last) Stewart

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (in this place) 9 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hospital

DATE OF DEATH (Month) April (Day) 22 (Year) 1961 (Hour) 3 PM

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Harold | Age of husband or wife if alive ____ years

DATE OF BIRTH Jan 2, 1884 | AGE (In years last birthday) 77 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME James Fitzgerald

MOTHER'S MAIDEN NAME Florence Dewier

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no | SOCIAL SECURITY NO. NONE

BRANCH OF SERVICE (Army, Navy or Marine) Air Force | (Regiment, Company or Command) 16th Aero Sqdn, USA

ENLISTED May 8, 1917 | DISCHARGED May 24, 1919

NAME OF WAR WW I | SERIAL NO. 35865

INFORMANT (Hospitals follow Special Instructions on this item) Signature Harold Stewart

Address Kimmell | Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kimmell County Noble State Indiana | DATE 4-25 1961

CEMETERY LOT NO. ____ Owner of Lot ____

Section ____ Grave No. ____

CAUSE OF DEATH ____

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Bowman

Address Albion, Ind. Phone No. ____

SURVIVED BY ____ Phone No. ____

Husband - Harold

son Morton Cray, Silver Springs, Ind.

2 Brothers

Nelson Fitzgerald - Paulding, Ohio

Elvin Fitzgerald - Defiance, Ohio

RELIGION Seven Day Adventist

CLERGYMAN William Gary

Address ____ Phone No. ____

FUNERAL DATE Tues. April 25, 1961

TIME 2:00 PM

PLACE Church - Wolf Lake

FRATERNAL AFFILIATIONS ____

SINGERS ____

BEARERS ____

FUNERAL DIRECTED BY L A Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS ____

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

236 - 6

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	734 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	839 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

23 April 196 1

Full name of deceased Myrtle L. Stewart Age 77

Deceased is wife (Give Relationship) of person arranging services.

(A) Services, including merchandise $ 839 00/100

(B) Accomodation Items $ 35 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 874 00/100

My, or our, preference for settlement is:

Terms $14 68/100 discount if paid in full on or before May 8, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
5-1-61	874.00	759 32	114 68
6-1-61	114 68	100 00	14 68 Dise

Pd in full
LHM

235-5

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach	100 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	205 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00
Special Music	
Obituary Notices	
Total (B)	45 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

5 April 1961

Full name of deceased Lena R. Werker Age 82

Deceased is mother of person arranging services.
(Give Relationship)

(A) Services, including merchandise	$ 205 00/100
(B) Accomodation Items	$ 45 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 250 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____
Signature of Purchaser

_____
Address

_____
City State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

	Debit	Credit	Bal
4-5-61	250.00	250.00	Rinfull

RECORD OF FUNERAL

No. 234

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Charles (Middle) Melvin (Last) Mock
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Turkey Creek
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): STATE Indiana COUNTY ~~Kosciusko~~ Roscoe Ko

PLACE OF DEATH: COUNTY Kosciusko STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Turkey Creek Twp.
LENGTH OF STAY (In this place): 20 yrs
FULL NAME OF HOSPITAL OR INSTITUTION: (If not in hospital or institution, give street address or location) RR#2 Syracuse Ind.
DATE OF DEATH: (Month) March (Day) 28 (Year) 1961 (Hour)
SEX: male | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
Name of husband or wife: Mary | Age of husband or wife if alive: years
DATE OF BIRTH: Oct 22 1885 | AGE (In years last birthday): 75 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat furnisher | KIND OF BUSINESS OR INDUSTRY: Boat
BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U.S.A.
FATHER'S NAME: Wesley Mock
MOTHER'S MAIDEN NAME: Barbara Plew
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 305-22-7241
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Mrs. Mary Mock
Address: RR2 Syracuse | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal
Cemetery: Mc Clintic | DATE: 4-1 19 61
Location: RR 2 Syracuse
County: Kosciusko State: Ind.

CEMETERY LOT NO. 5 Owner of Lot: Mary (Woodward) Mock
Section: Grave No.:

SPECIAL REMARKS:

CAUSE OF DEATH:
AUTOPSY YES ☐ NO ☑
PHYSICIAN: Dr. Robert Craig
Address: Syracuse Phone No.:
SURVIVED BY: Wife - Mary Phone No.:
2 sisters - 7 foster Children - Ft. Wayne
Mrs. Lester Wolfe - Princeton
1 Bro. George Mockbee - Dade city, Fla.
7 ~~sons~~ step children - Sammy Bloomfield - Kansas
~~sons~~ nieces & nephews:
Mrs. Agnes Tutewiler - Ft. Wayne
Earl Jr. - Ft. Wayne, Mrs. Dolores Kohli-Cattle, Ohio
~~Ft~~ Herman B. - Ft. Wayne - Mrs. Vina - Hauck, Ft
Louis B. - Ft. Wayne.

RELIGION: Protestant
CLERGYMAN: Rev. Edward Yoder
Address: Cromwell, Ind. Phone No.:
FUNERAL DATE: April 1, 1961
TIME: 2:40 PM
PLACE: L H Moore
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

FUNERAL DIRECTED BY: L H Moore License No.: 1752
EMBALMER'S LICENSE NO.: 4180

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Charles M. Mock
(NAME OF DECEASED)

305-22-7241
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

234-4

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

29 March 1961

Full name of deceased Charles M. Mock Age 75

Deceased is ~~Father~~ Husband of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	595 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	700 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 700 00/100
(B) Accomodation Items	$
* (C) Additional items ordered later	$ 25 00/100

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 725 00/100

My, or our, preference for settlement is: -

Terms 11 cc Disc if paid in full on or before April 5 1961.

legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Mary M. Mock.
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	
4-1-61	725.00	714.00	11.00 Disc

Pd in full

FAM

RECORD OF FUNERAL

No. 233

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) FLORENCE (Middle) N. (Last) LECOUNT

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (In this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

DATE OF DEATH (Month) March (Day) 13 (Year) 1961 (Hour) 3:00 AM

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Vassa | Age of husband or wife if alive

DATE OF BIRTH Dec. 23, 1881 | AGE (In years last birthday) 79 years | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Jasper Green

MOTHER'S MAIDEN NAME Mary Knight

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Mary Wineburner

Address Cromwell, Ind. | Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta Kimmell | DATE 3-16 1961

Location

County Noble State Indiana

CEMETERY LOT NO. | Owner of Lot Vassa Le Count

Section | Grave No.

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☐

PHYSICIAN Dr. O.F. Stultz

Address Ligonier Phone No.

SURVIVED BY Phone No.

2 daughters - Mrs. Burl Miller RR#1 Cicero
Mrs. Mary Wineburner Cromwell
2 Brothers - Cleo Green, Ligonier
Hobart Green Nampa Idaho
1 Sister - Mrs. Faye Kline Three Rivers, Mich.
2 grandchildren + 1 great grandson

RELIGION Methodist

CLERGYMAN Rev Edward Hager

Address Cromwell Phone No.

FUNERAL DATE March 16, 1961 - Thursday

TIME 3:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS none

SINGERS

BEARERS

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE March 14, 19 61

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Mrs Florence LeCount, wife of Vasa LeCount, ~~Ligonier, Indiana~~ Cromwell

in Burial Space one (1) Lot 557 Section 5, Recorded in the name of Vasa LeCount and Russell Winebrenner

Vault size Cromwell Cement Vault

Grave opening to be ready by 1:00 ~~XXX~~ A.M./P.M. Date ~~XXXXXX~~ Thursday, March 16, 19 61

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 35.00 for grave opening

Request phone in by L. H. Moore Funeral Home Cromwell, Ind. Funeral Director
L. H. Moore, speaking

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director L. H. Moore Funeral Home, Cromwell, Ind. Number 6184

3-14-1961

Dear Lloyd:

Enclosed you will find enclosed a duplicate copy of the grave opening request for Mrs. Florence Lee Caunt.

You may use it as a receipt by having the Care taker marking it paid and signing his name.

Dale Gorsuch, Secy.
Sparta Cemetery Assn
Kunnell, Tenn.

233-3

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

13 March 1961

Full name of deceased Florence N. LeCount Age 79

Deceased is Mother of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	748 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	853 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount $

(A) Services, including merchandise	$ 853 00/100
(B) Accomodation Items	$ 35 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 888 00/100

My, or our, preference for settlement is:

Terms $14 99/100 discount if paid in full on or before April 13, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
4-6-61	888.00	100.00	788.00
5-3-61	788.00	788.00	-0-

Pd in full

RECORD OF FUNERAL

No. 732

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Nellie (Middle) V. (Last) Hussey

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

LENGTH OF STAY (In this place): 62 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

DATE OF DEATH: (Month) March (Day) 10 (Year) 1961 (Hour) 11:45 PM

SEX: female | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: Harry | Age of husband or wife if alive: years

DATE OF BIRTH: Jan. 3, 1877 | AGE (In years last birthday): 84 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Indiana (Avilla) | CITIZEN OF WHAT COUNTRY?: U.S.a.

FATHER'S NAME: John a. Long

MOTHER'S MAIDEN NAME: Mary Allsip

WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Mrs. Richard Kesler
Address: Cromwell, Ind. | Relationship to the deceased: daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery: Oak Park | DATE: 3-13 1961
Location: Ligonier
County: Noble State: Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Dr. R. C. Stone
Address: Ligonier, Ind. Phone No.

SURVIVED BY: Phone No.
1 daughter - Mrs. Geraldine Kesler
1 sister - Mrs Alice Fox
1 granddaughter
2 great grandchildren

RELIGION: Methodist
CLERGYMAN: Rev. Edward Hager
Address: Cromwell, Ind. Phone No.
FUNERAL DATE: Monday Mar 13, 1961
TIME: 2:30 PM ST
PLACE: L.J. Moore Funeral Home
FRATERNAL AFFILIATIONS: W.S.C.S.

SINGERS

BEARERS: Joe Di Bartolo, K. W. Bullock, Neal Hunty, Everett Caldwell, Lee Hunty, Don Dollins

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY Floyd H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

232 - 2

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

11 March 1961

Full name of deceased Nellie V. Hussey Age 84

Deceased is mother of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 700 00/100

(B) Accomodation Items $ 45 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 745 00/100

My, or our, preference for settlement is:

Terms 1% 10 days discount if paid in full on or before 27 March 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	595 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	700 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/100
Special Music	
Obituary Notices	
Total (B)	45 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount $

	Debit	Credit	Bal
Mar 22, 1961	745.00	734.00	11.00 disc.

Pd in full
FHM

RECORD OF FUNERAL

No. 231

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) William (Middle) Paul (Last) Keeley

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location): RR1 Kimmell

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH

COUNTY: Whitley STATE: Ind.

CAUSE OF DEATH:

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Columbia City

LENGTH OF STAY (in this place): 5 days

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Dr. J. R. Roth

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Whitley Co. Memorial Hospital

Address: Phone No.:

SURVIVED BY: Wife Verna Phone No.:

2 daughters

Mrs. Betty Harter Converse Ind.

Mrs. Anna Lee Hartman Ga. Ft. Mc

1 sister - Mrs Maria Spencer, Tucson, Ariz.

7 grandchildren

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
February	4	1961	10:00 P.M.

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	married

Name of husband or wife: Verna

Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Sept. 20, 1898	62				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steamfitter

KIND OF BUSINESS OR INDUSTRY:

BIRTHPLACE (State or foreign country): Indiana

CITIZEN OF WHAT COUNTRY?: U. S. A.

FATHER'S NAME: George Keeley

MOTHER'S MAIDEN NAME: Nellie Miller

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of ser.):

SOCIAL SECURITY NO.: 186-07-2759

BRANCH OF SERVICE (Army, Navy or Marine):

(Regiment, Company or Command):

ENLISTED:

DISCHARGED:

NAME OF WAR:

SERIAL NO.:

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Verna Keeley

Address: RR #1 Kimmell, Ind.

Relationship to the deceased: wife

PLACE OF BURIAL

Cremation or Removal

Cemetery: Thorn

DATE: 2-7 1961

Location: Noble Twp.

County: Noble State: Ind.

RELIGION: Catholic

CLERGYMAN: Father McCarty

Address: Fayonia Ind. Phone No.:

FUNERAL DATE: Tues 10:00 Feb. 7, 1961

TIME: 11:00 AM

PLACE: St. Patricks, Fayonia

FRATERNAL AFFILIATIONS:

Elks, Ft. Wayne

Plumbers & Steamfitters Local 240 Lafayette

SINGERS:

BEARERS: Tom Biggs, Arthur Good, Walter Welch, Wilmer Grove, Floyd Grove, Oval Oakley

CEMETERY LOT NO.: Owner of Lot:

Section: Grave No.:

FUNERAL DIRECTED BY: J. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

William Paul Keeley
(NAME OF DECEASED)

186-07-2759
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	1052.00
Outside Receptable	115.00
Clothing	
Foot Wear	
Total (A)	$ 1167.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	$ 20.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

231 - 1

Funeral Purchase Record

5 Feb 1961

Full name of deceased William Paul Keeley Age 67

Deceased is Husband of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 1167.00

(B) Accomodation Items $ 20.00

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1187.00

My, or our, preference for settlement is:

Terms $21.00 disc. if paid in full on or before Feb. 20, 1961

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
2-8-61	1187.00	1166.00	21.00 Dr

Pd in full
DHM

RECORD OF FUNERAL

No. 230

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) George (Middle) Michael (Last) Poyser

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH

COUNTY: Noble STATE: Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

LENGTH OF STAY (in this place): 25 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1960 (Hour)

SEX: male COLOR OR RACE: white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

Name of husband or wife: Ethel Age of husband or wife if alive: years

DATE OF BIRTH: Jan. 10, 1894 AGE (In years last birthday): 66 If Under 1 Year: Months: Days: If Under 24 Hrs.: Hours: Min.:

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory employee KIND OF BUSINESS OR INDUSTRY: Retired

BIRTHPLACE (State or foreign country): Ind. CITIZEN OF WHAT COUNTRY?: U. S. A.

FATHER'S NAME: Laora Milton Poyser

MOTHER'S MAIDEN NAME: Frances Geddes

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): Yes WWI SOCIAL SECURITY NO.: 305-28-4304

BRANCH OF SERVICE (Army, Navy or Marine): Army (Regiment, Company or Command): Pvt. Co. B 70th Engineers attached to 13 AAB

ENLISTED: May 7, 1918 DISCHARGED: Jan 13, 1919

NAME OF WAR: WWI SERIAL NO.: 2682678

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Mrs. Ethel Poyser

Address: Cromwell, Ind. Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal

Cemetery: Shasta DATE: 10-2 1960

Location: Kimmell

County: Noble State: Ind.

CAUSE OF DEATH: Art. H. C. Stone

AUTOPSY YES ☐ NO ☒

PHYSICIAN: Dr. H. C. Stone

Address: Lagonda Phone No.:

SURVIVED BY Phone No.:

1 wife - Ethel

4 sons - Marvin of Kimmell, Arthur, Cromwell
Jesse - near Wilmot & Don of Cromwell

1 sister Mrs. Karl Knisely - Elkhart

2 sister Mrs. James Culbertson - Lagonda

11 grandchildren

RELIGION: Protestant

CLERGYMAN: Rev. Edward Hagen

Address: Cromwell Phone No.:

FUNERAL DATE: Sun. Oct. 2, 1960

TIME: 2:00 P. M.

PLACE: L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: L. H. Moore License No.: 1252

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

George M. Payser
(NAME OF DECEASED)

305-28-4304
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

230-55

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

29 Sept 1960

Full name of deceased George M. Poyser Age 66

Deceased is Husband (Give Relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	610 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	715 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 715 00/100
(B) Accomodation Items	$ 25 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 740 00/100

My, or our, preference for settlement is:

Terms Disc $12.20/100 if paid in full on or before Oct 29, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
10-28-60	$740.00	255.00	485.00
11-9-60	485.00	100.00	385.00
11-23-60	385.00	250.00	135.00
6-24-61	135.00	25.00	110.00
11-4-61	110.00	10.00	100.00
1-5-62	100.00	10.00	90.00
	90.00		

RECORD OF FUNERAL

No. 229

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Anna (Middle) Bell (Last) Archer

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY La Porte STATE Ind.

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | LENGTH OF STAY (in this place)

AUTOPSY YES ☑ NO ☐

PHYSICIAN

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Beatty Memorial Hospital

Address Phone No.

SURVIVED BY Phone No.
1 son - Dallas - Wawaka
1 daughter - Mrs. Joan Doll - Cromwell, Ind.
3 brothers - Ishmael Kring - Wolf Lake
Jess + Charles - Lansing, Mich
2 sisters - Mrs. Martha Snyder - Middletown, O.
Mrs Minnie Davault - Cromwell
5 grandchildren

DATE OF DEATH (Month) Sept. (Day) 28 (Year) 1960 (Hour)

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife Ben | Age of husband or wife if alive

DATE OF BIRTH May 4, 1890 | AGE (In years last birthday) 70 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Kentucky | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Ishmael Kring

MOTHER'S MAIDEN NAME unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs Joan Doll
Address Cromwell, Ind. | Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE 9-30 1960
Location Kimmell
County Noble State Ind.

RELIGION Protestant
CLERGYMAN Rev. Edward Hagen
Address Cromwell Phone No.
FUNERAL DATE Fri - Sept 30
TIME 2:00 PM
PLACE L H Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

A_____

B_____

C_____

D_____

E_____

F_____

G_____

H_____

I_____

J_____

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

FUNERAL DIRECTOR'S LICENSE No. 1752 EMBALMER'S LICENSE No.

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No._____ State No._____

1. PLACE OF DEATH
a. COUNTY: La Porte
b. CITY, TOWN, OR LOCATION: Westville
c. Length of Stay in 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Westville Mem. Hosp.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana
b. COUNTY: Noble
c. CITY, TOWN, OR LOCATION: Cromwell
d. STREET ADDRESS: none
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First ANNA Middle BELL Last ARCHER

4. DATE OF DEATH: Month Sept. Day 28 Year 1960

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: May 4 1890
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17a. INFORMANT'S NAME: Mrs. Joan Doll
17b. INFORMANT'S ADDRESS: Cromwell, Indiana RR #1
17c. RELATIONSHIP TO DECEASED: daughter

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a):
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.

22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 30, 1960
24c. NAME OF CEMETERY OR CREMATORY: Sparta
24d. LOCATION: Kimmell, Ind.

DATE REC'D BY LOCAL HEALTH OFFICER
SIGNATURE OF HEALTH OFFICER
25. FUNERAL DIRECTOR: Floyd H. Moore
ADDRESS: Cromwell, Ind.

S.B.H.—6-24-3—Revised 1955 U. S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R375

Dr L. A. Farnsworth
[illegible] Ave
[illegible] Indiana
(Church office)

Pleasant Forest Home
Bluffton Indiana

Did Sidney Mathis
[illegible] possible -
[illegible]
[illegible]
to pass and [illegible]
and would like to be
able to pick it up then.

[illegible]
[illegible]

Re: Archer, Annabelle (expired) Sept - 28 - 1960

Moore Funeral Home
Cromwell, Ind.

Report of autopsy to go to
Dr Robt. C. Stone Sigonier, Ind

Admitted 9-20-60
Wilma Archer signed for ~~nothing~~ - took same.

No record of ~~stole~~ - but was
a record of scarf

Weaver Funeral Home **No. 1151**

PHONE WESTVILLE 2825

Westville, Ind., Sept 21 1960

RECEIVED OF Mr. H. Moore Funeral Home

~~Fifty~~ Dollars $ 55.00

For Pick-up & Embalming of Anna Archer

AMT. OF ACCT.	55	00	PD. BY CASH		
AMOUNT PAID	55	00	CHECK		
			DRAFT		
BALANCE DUE			M. O.		

WEAVER FUNERAL HOME

By J. K. Weaver

THANK YOU

TELEPHONE CALL

Date _____ Hour _____

For: _____

From: _____

Remarks: Joanne Dell (Zgt)
Cromwell, Ind

Message Taken By Home phone UL. 6-6832

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE Sept. 28, 1960

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Mrs. Emma Archer - wife of Ben Archer -

in Burial Space Lawn (4) Lot 380 Section 4 Recorded in the name of Ben Archer

Vault size Cromwell Vault

Grave opening to be ready by 1:00 ~~A.M.~~ P.M. Date Friday September 30, 1960

and certifies and represents that he or she has the right to make such authorization and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 25.00 for grave opening

Ted Williams

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director W. H. Moore Funeral Home, Cromwell, Ind Number

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	730.00
Outside Receptable	110.00
Clothing	
Foot Wear	
Total (A)	840.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

229 - 34

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

29 Sept 1960

Full name of deceased Anna B. Archer Age 70

Deceased is mother of person arranging services.
(Give Relationship)

(A) Services, including merchandise	$840.00
(B) Accomodation Items	$25.00
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $865.00

My, or our, preference for settlement is:

Terms Disc $14.60 if paid in full on or before Oct 29, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	
10-29-60	$865.00	850.00	15.00 Disc.

D/ in full
Loan

RECORD OF FUNERAL

No. 228

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Orda (Middle) Byron (Last) Galloway

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus

STREET ADDRESS (If rural, give location) 2675 Vandeburg Rd.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ohio COUNTY PHONE

PLACE OF DEATH

COUNTY STATE Ohio

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus

LENGTH OF STAY (in this place)

AUTOPSY YES ☐ NO ☑

PHYSICIAN Coronor

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2675 Vandeburg Rd.

Address Phone No.

SURVIVED BY Phone No.

3 sons - James - Louisville, Ky.
Tom - Columbus, Ohio
Mark - Lake Wawasee
2 sisters - Mrs. Etta Wright - Auburn
Mrs. Ola Hyntsman - Cromwell
1 Bro. Oakley Galloway - So. Bend.
7 grandchildren

DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1960 (Hour)

SEX m

COLOR OR RACE w

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife Belva

Age of husband or wife if alive years

DATE OF BIRTH Nov. 25, 1878

AGE (In years last birthday) 81

If Under 1 Year: Months Days

If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Anderson Galloway

MOTHER'S MAIDEN NAME Harriett (unknown)

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no

SOCIAL SECURITY NO. 315-26-1492

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Thomas Galloway

Address 2675 Vandeburg Rd. Columbus

Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

Location Kimmell, Ind.

County Noble State Ind.

DATE 9-29 1960

RELIGION Protistant

CLERGYMAN Rev. Raymond A. Nilsen

Address Cromwell Phone No.

FUNERAL DATE Thurs Sept 29, 1960

TIME 2:00 PM

PLACE L H Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1757

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

ORIGINAL 773

MEMBER NATIONAL FEDERATED SERVICE

Received from T. Moore Funeral Home

Seventy Dollars

For FUNERAL SERVICE Rendered Orba Galloway

NAME OF DECEASED

The Jerry Spears Company
FUNERAL DIRECTORS

9/27 1960 By Jerry Spears

Thank You!

LAST BAL. $ 70.00

Paym't 70.00

NEW BAL. $ Paid

No 7329

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE 9.27 1960

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of O. D. Galloway

in Burial Space Two (2) Lot 466 Section 4 Recorded in the name of S. A. Hill & E. B. Galloway

Vault size Cromwell Vault

Grave opening to be ready by 1:00 A.M. P.M. Date Thursday Sept. 29, 1960

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 25.00 for grave opening

X Loyd H Moore

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director T. A. Moore Cromwell, Ind. Number

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Orda Byron Galloway
(NAME OF DECEASED)

315-26-1492
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	861 00/100
Outside Receptable	115 00/100
Clothing	
Foot Wear	
Total (A)	976 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

228-33

Funeral Purchase Record

27 Sept 196 0

Full name of deceased Ada B. Halloway Age 81

Deceased is Father of person arranging services.
(Give Relationship)

(A)	Services, including merchandise	$ 976 00/100
(B)	Accomodation Items	$ 25 00/100
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1001 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
10-11-60	$1001.00	1000.00	due 1.00

Pd in full

RECORD OF FUNERAL

No. 227

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Melvin (Middle) G. (Last) Rodgers

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lygonier

STREET ADDRESS (If rural, give location) 410 W. 3rd St.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Whitley STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia City
LENGTH OF STAY (in this place) 5 wks.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Whitley Co. Memorial Hosp.
DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1960 (Hour) 10:00 P.

CAUSE OF DEATH Congestive Heart Failure
AUTOPSY YES ☐ NO ☐
PHYSICIAN Dr. J. R. Rock
Address Wolf Lake Phone No.
SURVIVED BY Phone No.
Wife – Irma
1 son – Neal Rodgers of RR2 Syracuse
1 Brother – Harry Rodgers – Kimmell
1 sister – Mrs. Ida Mullins – Kendallville
1 grand daughter

SEX Male | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Irma | Age of husband or wife if alive
DATE OF BIRTH May 29, 1887 | AGE (In years last birthday) 73 years | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | KIND OF BUSINESS OR INDUSTRY auto
BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Oscar Rodgers
MOTHER'S MAIDEN NAME Melinda Bonty
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 306-20-4570
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

RELIGION Protestant
CLERGYMAN Rev. David Culley
Address Syracuse Phone No.
FUNERAL DATE Sat. Sept. 24, 1960
TIME 2:00
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS
Lygonier Masonic Lodge

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Irma Rodgers
Address Lygonier Ind. | Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal
Cemetery Oak Park | DATE Sept 24 1960
Location Lygonier
County Noble State Ind.

SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____ _____
*Outer Case-Cost $_____ Selling Price _____ _____
*Embalming - " $_____ " " _____ _____
*Clothing - - " $_____ " " _____ _____
Livery _____ _____
_____ _____
_____ _____
Total

Total Cash Advances _____ _____
Discount (if not figured in operation cost) _____ _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____ _____
**Less Operation Cost per Funeral _____ _____
Net Profit or Loss Apparent _____ _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

No. 726 Sept 26 1960

Received of Moore Funeral Home

Thirty five & no/100 **Dollars**

Grave opening Mel Rodgers

AMOUNT OF ACCOUNT	35 00
AMOUNT PAID	35 00
BALANCE DUE	-0-

BY Russell Smith

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Melvin G. Rodgers
(NAME OF DECEASED)

306-20-4570
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	$460.00/100
Outside Receptable	$105.00/100
Clothing	
Foot Wear	
Total (A)	$565.00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	$35.00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35.00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

227 - 32

Funeral Purchase Record

22 Sept 1960

Full name of deceased Melvin D. Rodgers Age 73

Deceased is Husband (Give Relationship) of person arranging services.

(A) Services, including merchandise $565.00/100

(B) Accomodation Items $35.00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $600.00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit
10-27-60	$600.00	600.00

Pd in full

RECORD OF FUNERAL

No. 226

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Leona (Middle) Mae (Last) Bugby

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY La Grange STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange | LENGTH OF STAY (In this place) 6 days.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange County Hospital

DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1960 (Hour) 8:45A

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Orris J. | Age of husband or wife if alive

DATE OF BIRTH Mar. 29, 1897 | AGE (In years last birthday) 63 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min. | years

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Frank Shearer

MOTHER'S MAIDEN NAME Minnie Krueger

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Orris J. Bugby

Address Cromwell Ind | Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal

Cemetery Oak Park | DATE 9-19 1960

Location Ligonier

County Noble State Ind.

CAUSE OF DEATH Carcinoma

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. R. F. Stultz

Address Ligonier Phone No.

SURVIVED BY Husband, Orris Phone No.

1 daughter Mrs. Norma Cluck, Cromwell, Ind.

2 grand daughters.

RELIGION Protestant

CLERGYMAN Rev. Edward Hagen

Address Cromwell Phone No.

FUNERAL DATE Monday Sept. 19, 1960

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Lloyd H. Moore License No. 1452

EMBALMER'S LICENSE NO. 7180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		142
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

No. 723 Sept 20 1960

Received of L. H. Moore Funeral Home

Thirty five & no/100 **Dollars**

Grave opening Mrs. Mae Bagley

AMOUNT OF ACCOUNT	35 00
AMOUNT PAID	35 00
BALANCE DUE	-0-

BY Russell Smith

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	$748.00
Outside Receptable	$105.00
Clothing	
Foot Wear	
Total (A)	853.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Eender A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10.00
Special Music	
Obituary Notices	
Total (B)	45.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

226 - 31

Funeral Purchase Record

17 Sept 1960

Full name of deceased Mae Bugley Age 63

Deceased is wife of person arranging services.
(Give Relationship)

(A) Services, including merchandise	$853.00
(B) Accomodation Items	$45.00
* (C) Additional items ordered later	$898.00

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms $14.80 Disc if paid in full on or before Oct 17, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By Lloyd H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	
9/26/60	898.00	883.20	— 14.80 Disc

Pd in full

RECORD OF FUNERAL

No. 225

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Nellie (Middle) (Last) Hunt

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Indianapolis

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
STATE COUNTY PHONE

PLACE OF DEATH
COUNTY Marion STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Indianapolis

LENGTH OF STAY (in this place) 6 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital

DATE OF DEATH (Month) Sept. (Day) 8 (Year) 1960 (Hour)

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed

Name of husband or wife Fred. | Age of husband or wife if alive

DATE OF BIRTH Jan. 30, 1876 | AGE (In years last birthday) 84 years | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Isaac Bagley

MOTHER'S MAIDEN NAME Anne Wood

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Anna Hunt Fullwood
Address 535 N. Penn Indianapolis | Relationship to the deceased daughter

PLACE OF BURIAL, Cremation or Removal | DATE
Cemetery Fairview | Sept 11 1960
Location Wilmot
County Noble State Indiana

CAUSE OF DEATH Complications - Broken Hip
AUTOPSY YES ☑ NO ☐
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No.
1 daughter Anna Hunt Fullwood, Indianapolis
1 grandson
535 N. Pennsylvania St

RELIGION Protestant
CLERGYMAN Rev. Raymond Nelson
Address Cromwell, Ind. Phone No.
FUNERAL DATE Sun. Sept 11, 1960
TIME 1:00 P.M.
PLACE D. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY D H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____	101
*Outer Case-Cost $_____ Selling Price _____	
*Embalming - " $_____ " " _____	
*Clothing - - " $_____ " " _____	
Livery _____	
Total	
Total Cash Advances _____	
Discount (if not figured in operation cost) _____	
Total Net Cost of Funeral ☞	_____
Gross Profit on Funeral _____	
**Less Operation Cost per Funeral _____	
Net Profit or Loss Apparent _____	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	_____
Preparation and Preservation	_____
Funeral Facilities and Equipment	_____
Visitors Register	_____
Acknowledgment Cards	_____
Funeral Car or Sedan	_____
Casket Coach	_____
Casket	_____
	_____
Outside Receptacle	_____
Clothing	_____
Foot Wear	_____
	_____
	_____
Total (A)	_____

(B) ACCOMMODATION ITEMS

Tax	_____
Cemetery Charges	_____
Additional Autos	_____
Telegrams	_____
Long Distance Telephone Calls	_____
R. R. Transportation	_____
Flowers	_____
Clergyman	_____
Special Music	_____
Obituary Notices	_____
	_____
	_____
Total (B)	_____

(C) ADDITIONAL ITEMS ORDERED LATER

	_____
	_____
	_____
	_____
	_____
Total (C)	_____

Total Amount _____

225 - 30

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

9 Sept 1960

Full name of deceased Nelle Hunt Age 84

Deceased is another of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	595 00/100
Outside Receptable	105 00/100
Clothing	15 00/100
Foot Wear	
Total (A)	715 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	20 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/100
Special Music	
Obituary Notices	
Total (B)	30 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise $ 715 00/100

(B) Accomodation Items $ 30 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 745 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
9-10-60	745.00	300.00	445.00
10-5-60	445.00	445.00	-0-

Pd in full

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities & Equipment
Visitors Register
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptable .....
Clothing .....
Foot Wear .....
.....

Total (A) .....

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges .....
Additional Autos .....
Telegrams .....
Long Distance Telep. Calls .....
R. R. Transportation .....
Flowers .....
Clergyman .....
Special Music .....
Obituary Notices .....
.....
Rental of Funeral Home 100 00
.....
.....

Total (B) .....

(C) ADDITIONAL ITEMS ORDERED LATER

.....
.....
.....
.....
.....
.....
.....
.....

Total (C) .....

Total Amount $.....

L. H. MOORE FUNERAL HOME

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

221 - 29

Funeral Purchase Record

8 Sept 196 C

Full name of deceased Margaret Brown Age 94

Deceased is Aunt of person arranging services.
(Give Relationship)

(A) Services, including merchandise $.....

(B) Accomodation Items $.....

* (C) Additional items ordered later $.....

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $100 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By _____

Mashlee Funeral Home
Signature of Purchaser

Address

City State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

	Debit	Credit	
9-8-60	100.00	100.00	Pd in full

RECORD OF FUNERAL

No. 223

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Merl (Middle) K. (Last) Gilbert
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural
STREET ADDRESS: (If rural, give location) RR 1 Cromwell
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Wells STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bluffton
LENGTH OF STAY (in this place):
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caylor-Nickel Clinic Hospital

DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1960 (Hour) 2:30 A

SEX: mal. COLOR OR RACE: white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
Name of husband or wife: Blanche Age of husband or wife if alive: years
DATE OF BIRTH: 4-19-94 AGE (In years last birthday): 66 If Under 1 Year: Months / Days / If Under 24 Hrs.: Hours / Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer KIND OF BUSINESS OR INDUSTRY:
BIRTHPLACE (State or foreign country): Indiana CITIZEN OF WHAT COUNTRY?: USA

FATHER'S NAME: C. W. Gilbert
MOTHER'S MAIDEN NAME: Harriet Cole
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.):
SOCIAL SECURITY NO.: 308-12-0456

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED: DISCHARGED:
NAME OF WAR: SERIAL NO.:

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Blanche Gilbert
Address: Cromwell, Ind. Relationship to the deceased: wife

PLACE OF BURIAL
Cremation or Removal
Cemetery: Lincoln DATE: Sept 3 19 60
Location: Cromwell
County: Noble State: Ind.

CEMETERY LOT NO.: 529 Owner of Lot: Dalton Cole
Section: Grave No.:

CAUSE OF DEATH:
AUTOPSY YES ☐ NO ☐
PHYSICIAN:
Address: Phone No.:
SURVIVED BY: Phone No.:
wife - Blanche
1 daughter - Mrs. Hal Flowers, Santa, Ind.
1 wife - Mrs. Margaret Watkins, Lansing, Mich.
2 half brothers
1 half sister
6 grandchildren

RELIGION: Methodist
CLERGYMAN: Rev. Russell Jones
Address: Laporte, Ind. Phone No.:
FUNERAL DATE: Sept. 3, 1960 - Saturday
TIME: 2:00 P.M.
PLACE: L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS: Lowell Mann, Claude Stover, Jay Nicholas, Felix Nelson, Ben Thomas, Dudley Hadley

FUNERAL DIRECTED BY: L H Moore License No.: 1752
EMBALMER'S LICENSE NO.: 2180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	169
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE September 1 1960

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Merl Gilbert, Cromwell

in Burial Space Two (2) Lot 529 Section 5 Recorded in the name of Sheldon Cole

Vault size Cromwell Vault

Grave opening to be ready by 1:00 ~~A.M.~~/P.M. Date Saturday Sept. 3 1960

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 25.00 for grave opening

Floyd H Moore — Cromwell. Funeral Director

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director L. H. Moore Cromwell, Ind. Number

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Merl K. Gilbert
(NAME OF DECEASED)

308-12-0456
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

223 - 28

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

1 Sept 1965

Full name of deceased Mrs. Willet Age 66

Deceased is Husband of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	699.00
Outside Receptable	115.00
Clothing	
Foot Wear	
Total (A)	814.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	15.00
Special Music	
Obituary Notices	
Total (B)	40.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount $

(A) Services, including merchandise $ 512.00

(B) Accomodation Items $ 40.00

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 852.00

My, or our, preference for settlement is:

Terms $13.00 Mo. - Start on 1st Oct

6% 1st 1966
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

P.O. in Peace

Sept 6- 1960

pm.

RECORD OF FUNERAL

No. 222

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Susan (Middle) Melissa (Last) Birkhold

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Elkhart STATE Ind.

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen

LENGTH OF STAY (in this place) 5 mo.

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. R. C. Stone

Address Ligonier Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goshen General Hospital

SURVIVED BY Bro Harold Stewart, Kimmell Phone No.

DATE OF DEATH (Month) Aug (Day) 28 (Year) 1960 (Hour)

SEX female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Apr. 15, 1877 | AGE (In years last birthday) 83 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio | CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Clinton Stewart

MOTHER'S MAIDEN NAME Mary Coe

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 283-34-1277A+B

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Harold Stewart

Address Kimmell, Ind. | Relationship to the deceased Brother

PLACE OF BURIAL

Cremation or Removal

Cemetery Sparta | DATE 8-31-1960

Location Kimmell

County Noble State Indiana

RELIGION Lutheran

CLERGYMAN Rev Raymond Nelsen

Address Cromwell, Ind. Phone No.

FUNERAL DATE Wed Aug. 31, 1960

TIME 2:30 P.M.

PLACE L. H. Moore, Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Nephews

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	138	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Susan Melissa Birkbold
(NAME OF DECEASED)

283-34-1277 A+B
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

222 - 27

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

29 Aug 196[illegible]

Full name of deceased Susan M. Birkhold Age 83

Deceased is sister of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	787 00/100
Outside Receptable	105 00/100
Clothing	
Foot Wear	
Total (A)	892 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/100
Special Music	
Obituary Notices	
Total (B)	35 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount $

(A) Services, including merchandise	$ 892 00/100
(B) Accomodation Items	$ 35 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 927 00/100

My, or our, preference for settlement is:

Terms 15% discount if paid in full on or before 15 Sept 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Sent
15.74 Dues

9-15-60

Debit
927 00

Credit
911 26

Paid in full

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities & Equipment
Visitors Register
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
Casket

25 00/100

Outside Receptable .....
Clothing .....
Foot Wear .....
.....

Total (A) .....

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges .....
Additional Autos .....
Telegrams .....
Long Distance Telep. Calls .....
R. R. Transportation .....
Flowers .....
Clergyman .....
Special Music .....
Obituary Notices .....
.....
.....
.....
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Total (B) .....

(C) ADDITIONAL ITEMS ORDERED LATER

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.....
.....

Total (C) .....

Total Amount $.....

L. H. MOORE FUNERAL HOME

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

22-26

Funeral Purchase Record

13 Jany 196.0

Full name of deceased Todd Eugene Givens Age 1 day

Deceased is Son of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 25 00/100

(B) Accomodation Items $.....

* (C) Additional items ordered later $.....

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 25 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Rev. Larry Givens
Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit	Bal
9-9-60	25.00	10.00	15.00
10-24-60	15.00	15.00	

Pd in full

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities & Equipment
Visitors Register
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
Casket — 45.00/100

Outside Receptable .....
Clothing .....
Foot Wear .....
.....

Total (A) .....

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges .....
Additional Autos .....
Telegrams .....
Long Distance Telep. Calls .....
R. R. Transportation .....
Flowers .....
Clergyman .....
Special Music .....
Obituary Notices .....
.....
.....
.....
.....

Total (B) .....

(C) ADDITIONAL ITEMS ORDERED LATER

.....
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.....
.....
.....
.....
.....
.....

Total (C) .....

Total Amount $.....

220-25

L. H. MOORE FUNERAL HOME

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

Funeral Purchase Record

13 Aug 196[illegible]

Full name of deceased Thomas Nelson Age [illegible]

Deceased is Son of person arranging services.
(Give Relationship)

(A) Services, including merchandise $45.00/100

(B) Accomodation Items $.....

* (C) Additional items ordered later $.....

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $45.00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Rev. Raymond Nelson
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
8-16-60	N 45.00	45.00	0

Pd in full

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities & Equipment
~~Visitors Register~~
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
~~Casket~~ — 100 00/100

Outside Receptable — 95 00/100
Clothing
Foot Wear

Total (A) 195 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges
Additional Autos
Telegrams
Long Distance Telep. Calls
R. R. Transportation
Flowers
Clergyman — 10 00/100
Special Music
Obituary Notices

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)

Total Amount $

219 - 24

L. H. MOORE FUNERAL HOME

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

Funeral Purchase Record

July 8 1960

Full name of deceased Carl Johnston Age 71

Deceased is Husband of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 195 00/100

(B) Accomodation Items $ 10 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 205 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By Mrs. L. H. Moore

_____ Signature of Purchaser

_____ Address

_____ City State

_____ Signature of Co-purchaser — _____ Street Address — City and State

_____ Signature of Co-purchaser — _____ Street Address — City and State

_____ Signature of Co-purchaser — _____ Street Address — City and State

_____ Signature of Co-purchaser — _____ Street Address — City and State

	Debit	Credit	Bal
7-30-60	205.00	205.00	Paid in full

RECORD OF FUNERAL

No. [illegible]

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Bert (Middle) (Last) Reardon

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY La Grange STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange

LENGTH OF STAY (in this place) Life

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange Co. Hospital

DATE OF DEATH (Month) June (Day) 4 (Year) 1960 (Hour) 8:15 P.M.

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Sept. 3 1870 | AGE (In years last birthday) 89 | If Under 1 Year: Months | Days | Hours | If Under 24 Hrs. Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Illinois | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Daniel

MOTHER'S MAIDEN NAME Lockwood

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 314-28-7003

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Marilyn Clark

Address Cromwell | Relationship to the deceased friend

PLACE OF BURIAL Cremation or Removal
Cemetery Old Union | DATE 6-7 1960
Location Frankfort
County [illegible] State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

RELIGION Protestant

CLERGYMAN Rev. Edward Hagen

Address Cromwell Phone No.

FUNERAL DATE Tues. June 7, 1960

TIME 1:30 P.M.

PLACE Emmert Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☒

PHYSICIAN L. C. Stutz

Address [illegible] Phone No.

SURVIVED BY Phone No.
Nephews & Nieces

FUNERAL DIRECTED BY Leonard J. Emmert License No. 1953

EMBALMER'S LICENSE NO. 4346

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Bert Riardon
(NAME OF DECEASED)

314-28-7003
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

Form OA-C719
(6-52)

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R461.

It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

Bert Riardon
(Name of deceased)

314-28-7003
(Social security account number)

16—67357-1 GPO

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	373.00
Outside Receptable	100.00
Clothing	25.00
Foot Wear	
Total (A)	473.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Bender A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

218-23

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

June 5 1960

Full name of deceased Bert Reardon Age 89

Deceased is _____ of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 473.00

(B) Accomodation Items Sent $ 25.00

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ [illegible]

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By Mrs. L. H. Moore

Marilyn Flack
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
6-11-60	498.00	200.00	298.00
11-18-60	298.00	50.00	248.00
4-12-61	248.00	75.00	173.00
7-12-61	173.00	173.00	-0-

Pd in full

RECORD OF FUNERAL

No. 217

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jesse (Middle) C. (Last) Coats

STREET ADDRESS (If rural, give location)

CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR 2 Syracuse

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta

LENGTH OF STAY (In this place) 30

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Stone

Address Syracuse Phone No.

SURVIVED BY Phone No.

Wife Anna
1 daughter - Mrs. Emma Lowell Ele
2 sons Fred - Elf. Wilbur Ele
3 grand children
2 great grand children

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
5.	28	60	

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
M.	W.	

Name of husband or wife: Anna

Age of husband or wife if alive: 80 years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Oct 19 - 1874	85				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Cromwell

CITIZEN OF WHAT COUNTRY? USA.

FATHER'S NAME: Ephraim Coats.

MOTHER'S MAIDEN NAME: Sara Allison Coats.

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 312-40-3168

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta DATE May 31 19 60
Location Kimmel Twp. Ind.
County Noble State Ind.

RELIGION Protestant

CLERGYMAN Rev. Raymond Fritsch.

Address Phone No.

FUNERAL DATE May 31. 60.

TIME 2 P. M.

PLACE Timmons Home

FRATERNAL AFFILIATIONS
Masonic - Cromwell.

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY License No.

EMBALMER'S LICENSE NO. 4340
Harris

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Jesse Coats
(NAME OF DECEASED)

312-40-3168
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	748.00
Outside Receptable	95.00
Clothing	
Foot Wear	
Total (A)	843.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25.00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount $

217-22

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

May 29 1960

Full name of deceased Jesse C. Coats Age 55

Deceased is Husband of person arranging services.
(Give Relationship)

(A)	Services, including merchandise	$ 843.00
(B)	Accomodation Items	$ 25.00
* (C)	Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 868.00

My, or our, preference for settlement is:

Terms 14.96 discount if paid on or before June 29-1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By Mrs. L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
[illegible]	868.00	853.00	15.00 Dr.

[illegible]

RECORD OF FUNERAL

No. 216

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Emma (Middle) Royetta (Last) Bair

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lebanon

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN | LENGTH OF STAY (in this place)

AUTOPSY YES ☐ NO ☑

PHYSICIAN Wm. Boorman

Address Albion Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SURVIVED BY Phone No.

Husband Irvin

4 Daughters - Mrs. Pauline Eddy

Fyetteville, Mrs. Katherine Praigg Syr

Mrs. Veranche Ringler Hudson Ind

Mrs. Virginia Mapstick Detroit Mich.

2 sons Howard Bair, Albion,

Arthur Bair Marion Ind.

2 sisters Mrs. Bert Shearer, Wyatt Ind

and Mrs. Marie Voris, Fulton, Ill.

Twenty-one grandchildren - two

Great-Grand-Children

DATE OF DEATH: (Month) May (Day) 26 (Year) 60 (Hour)

SEX: F | COLOR OR RACE: W. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife: Irvin. | Age of husband or wife if alive: 72 years

DATE OF BIRTH: April 27-1890 | AGE (In years last birthday): 70 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Stark County Ind | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME: Charley Bissong

MOTHER'S MAIDEN NAME: Mary Jane Peters

RELIGION

CLERGYMAN Rev. Orin Wrought

Address Del City - Phone No.

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 316-30-3457

FUNERAL DATE

TIME 2 P.M.

PLACE Big Pine Church of God.

FRATERNAL AFFILIATIONS

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address | Relationship to the deceased

SINGERS

PLACE OF BURIAL Cremation or Removal Cemetery Sparta | DATE 19

Location

County State

BEARERS Grand-Children

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Davis & Son License No. 1953

EMBALMER'S LICENSE NO. Charles Harris

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Emma Rozella Bair
(NAME OF DECEASED)

316-30-3459
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	595.00
Outside Receptable	95.00
Clothing	
Foot Wear	
Total (A)	690.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

21-21

Funeral Purchase Record

May 26 1960

Full name of deceased Emma Rozella Bair Age 70

Deceased is wife of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 595.00

(B) Accomodation Items Vault $ 95

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 690.00

My, or our, preference for settlement is:

Terms 11.90 discount in 30 days.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By

Irvin P. Bair
Signature of Purchaser

Leginier RR 2
Address

City State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

	Debit	Credit	
6-14-60	67.50	67.80	12¢ disc.

Pd in full

RECORD OF FUNERAL

No. 215

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) William (Middle) W. (Last) Martin

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caketown

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
STATE Indiana COUNTY Knox PHONE

PLACE OF DEATH
COUNTY Kosciusko STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

LENGTH OF STAY (in this place) 2½ yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kelsey Nursing Home

DATE OF DEATH (Month) May (Day) 22 (Year) 1960 (Hour) 4:30A

SEX Male | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH | AGE (In years last birthday) 82 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad | KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME James Martin

MOTHER'S MAIDEN NAME Kate Lisa Cline

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 308-01-6275

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature O. W. Martin
Address Cromwell Ind. | Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal
Cemetery Caketown | DATE 5-27 1960
Location Caketown
County Knox State Ind.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH
AUTOPSY YES ☐ NO ☒
PHYSICIAN
Address Phone No
SURVIVED BY Phone No.
1 Son O. W. Martin Cromwell
1 daughter Mrs. Dale Harding Marion, Ind.
4 Grand-children.

RELIGION Protestant
CLERGYMAN —
Address — Phone No.
FUNERAL DATE May 27 - 1960
TIME 2. P.M. Tues.
PLACE Schultz - Funeral Home
FRATERNAL AFFILIATIONS
SINGERS
BEARERS

FUNERAL DIRECTED BY Gordon Utt License No. 644
EMBALMER'S LICENSE NO. [illegible]

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		130
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

William H. Martin
(NAME OF DECEASED)

708-01-6275
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities & Equipment
Visitors Register
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
Casket

679.00

Outside Receptable .....
Clothing .....
Foot Wear .....
.....

Total (A) .....

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges .....
Additional Autos .....
Telegrams .....
Long Distance Telep. Calls .....
R. R. Transportation .....
Flowers .....
Clergyman .....
Special Music .....
Obituary Notices .....
.....
.....
.....
.....

Total (B) .....

(C) ADDITIONAL ITEMS ORDERED LATER

.....
.....
.....
.....
.....
.....
.....
.....

Total (C) .....

Total Amount $.....

L. H. MOORE FUNERAL HOME

215-20

Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

Funeral Purchase Record

May 22 196 a.

Full name of deceased William W. Pratt Age 85

Deceased is Father of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 679.00

(B) Accomodation Items Misc. $ 18.00

* (C) Additional items ordered later $.....

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 697.00

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By _____

_____
Signature of Purchaser

_____
Address

_____
City State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

	Debit	Credit	Bal
7/5/60	61100	61100	Pd in full

RECORD OF FUNERAL

No. 214

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lora (Middle) E. (Last) Twite

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY LaPorte PHONE

PLACE OF DEATH
COUNTY LaPorte STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN | LENGTH OF STAY (In this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Westville C Norma Kelly

DATE OF DEATH (Month) April (Day) 29 (Year) 1960 (Hour) 5:20 P

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife Rondeau | Age of husband or wife if alive

DATE OF BIRTH March 22, 1900 | AGE (In years last birthday) 60 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Albert Hait

MOTHER'S MAIDEN NAME Celia Wade

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address | Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Stoughton | DATE 5-2 1960
Location Washington Twp
County LaPorte State Indiana

CAUSE OF DEATH

AUTOPSY YES ☑ NO ☐

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.
Husband - Rondeau
1 Son Indiana - RR Summit
2 daughters - Mrs Celeste Cross - Pittsburg
Mrs Ruth Patterson
Chicago - Ill
6 Grand Children

RELIGION Baptist
CLERGYMAN Rev Earl Fairbanks
Address Kingsford Phone No.
FUNERAL DATE Monday May 2, 1960
TIME 2:30 P.M.
PLACE Broadway Church
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Chas Edwald Ruchaudy
Clarence Fox Phillip
Jas Leadroff Earl Kenney

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L Hamm License No. 1752
EMBALMER'S LICENSE NO. 4181

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	1150	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

ORIGINAL

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

PERMIT FOR DISPOSITION OF HUMAN REMAINS

INDIANA STATE BOARD OF HEALTH

DIVISION OF VITAL RECORDS

PERMIT NO.: 852

NAME OF DECEASED (Last) Twaits (First) Lora (Middle)

DATE OF DEATH (Month, day, year) April 30, 1960

SEX Female | COLOR OR RACE W | AGE 60

PLACE OF DEATH (City or township) Westville (County) La Porte (State) Indiana

METHOD OF DISPOSAL
☑ BURIAL ☐ CREMATION
☐ REMOVAL ☐ OTHER (Specify)

NAME OF CEMETERY OR CREMATORY Stringtown ~~Spectra~~ Cemetery (City or township, county, State) RR Kingsbell, Indiana

NAME OF FUNERAL ESTABLISHMENT C. H. Moore

BUSINESS ADDRESS Cromwell, Indiana

PROPERLY EXECUTED CERTIFICATE OF DEATH
RECEIVED ____ DATE ____ LOCAL NUMBER

BURIAL TRANSIT PERMIT ISSUED FROM PROVISIONAL CERTIFICATE OF DEATH ____ DATE ____ LOCAL NUMBER

A CERTIFICATE OF DEATH OR PROVISIONAL CERTIFICATE OF DEATH having been filed as required by law, permission is hereby given for transportation and disposition of this body.

SIGNATURE OF LOCAL HEALTH OFFICER S. A. FARNSWORTH, M.D. (Address)
BY DIRECTION OF D. P. MORTON, M.D. SUPT.

DATE ISSUED (Month, day, year) 4/30/60

DATE OF INTERMENT, CREMATION OR REMOVAL 5/2/60

SIGNATURE OF SEXTON OR PERSON IN CHARGE

SBH 6-24-4

INSTRUCTIONS

HEALTH OFFICER: This burial-transit permit may be issued only upon receipt of a properly executed Certificate of Death or of a Stillbirth or Provisional Certificate of Death when authorized by State Board of Health.

FUNERAL DIRECTORS: This Disposition (burial-transit) permit is required for any manner of disposition of a dead human body including interment, storage, cremation or transportation outside the county where death occurred or body was found.

TRANSPORTATION OF BODIES BY COMMON CARRIER: A body dead of cholera, plague, typhus, leprosy, yellow fever, or smallpox shall not be transported by common carrier unless the body shall have been thoroughly cleansed, embalmed in a manner conforming to standard accepted practice, and all orifices closed with absorbent cotton and the casket hermetically sealed.

Before shipment by train or express, the body must be embalmed; or if that is not practicable, must be enclosed in a tightly sealed casket or outer case.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a Disposition (burial-transit) permit is deposited with him.

This permit shall be endorsed by the sexton (or funeral director where there is no sexton) and carefully preserved.

214-17

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

30 April 196 6

Full name of deceased Lena E Tuttle Age 66

Deceased is wife (Give Relationship) of person arranging services.

(A) Services, including merchandise $ 764.00

(B) Accomodation Items $

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 764.00 10.00 774.00

My, or our, preference for settlement is:

Terms $ 150.00 Bal. when paid in full on or before 1 June 1966

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

Signature of Co-purchaser Street Address City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	654.00
Outside Receptable	95.00
Clothing	15.00
Foot Wear	
Total (A)	764.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10.00
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

	Debit	Credit	Bal
5/2/60	75.00	110.00	664.00
5/4/60	664.00	31.00	633.00
	633.00		
		166.00	467.00
5/16/60	467.00	150.00	317.00
5/28/60	317.00	303.92	13.08
5/31/60	= 17.00		

RECORD OF FUNERAL

No. 213

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Emily (Middle) Christina (Last) Growcock

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location) ~~414 South Franklin~~

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY DeKalb STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Garrett

LENGTH OF STAY (in this place) 8 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 414 South Franklin

DATE OF DEATH (Month) April (Day) 28 (Year) 1960 (Hour) 9.35P

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Aug 3, 1890 | AGE (In years last birthday) 69 | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min. | years

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Michigan | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Gustavius Anderson

MOTHER'S MAIDEN NAME Linkenmon

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 315-26-2725

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Dean Growcock

Address Kimmell, Ind. | Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal | DATE

Cemetery North Dover | 5-1 1960

Location Clayton, Michigan

County | State

CEMETERY LOT NO. | Owner of Lot

Section | Grave No.

CAUSE OF DEATH Carcinoma

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr.

Address | Phone No.

SURVIVED BY | Phone No.

2 Sons - Dean Growcock Kimmell
James L. - Florence, Mich.
2 daughters - Mrs. Velda Bickel, Garrett
Mrs. Evelyn Ford, Tecumseh, Mich.
10 Grandchildren
2 sisters - Mrs. Maria Westefeldt, Clayton, Mich.
Mrs. Bertha Thompson
2 Bros - Charles Anderson - Morristown, Mich.
Emil Anderson - Pittston, Pa.

RELIGION Protestant

CLERGYMAN Rev. Fred Hill

Address Waterloo | Phone No.

FUNERAL DATE Sunday - ~~Tuesday~~ May 1

TIME 12:00 NOON

PLACE Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY L. M. Moore | License No. 1752

EMBALMER'S LICENSE NO. 418

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTIOI ..ASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Emily Howcock
(NAME OF DECEASED)

365-26-2725
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

365-26-2725

Emily Barbara Howcock

FRI
19
FEB

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	664 00/100
Outside Receptable	90 00/100
Clothing	
Foot Wear	
Total (A)	754 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	30 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Trip To Dayton	20 00/100
Total (C)	

Total Amount $

213 - 15

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

30 April 1960

Full name of deceased Emily Truesdale Age 69

Deceased is mother of person arranging services.
(Give Relationship)

(A)	Services, including merchandise	$ 754 00/100
(B)	Accomodation Items	$ 30 00/100
* (C)	Additional items ordered later	$ ~~784 00~~

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 784 00/100

20 00

804 00

My, or our, preference for settlement is:

Terms Disc 3% 2% if paid in full on or before 15 May 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

Signature of Co-purchaser | Street Address | City and State

	Debit	Credit	Bal
6-2-60	804.00	378.00	426.00
6-17-60	426.00	426.00	-0-

RECORD OF FUNERAL

No. 212

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Denny (Middle) Burns (Last) Collinsworth

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Elkhart STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen

LENGTH OF STAY (in this place) 10 day

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goshen Gennal Hospital

CAUSE OF DEATH Myocardial Infarction

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. J. A. Shaw

Address Ligonier, Ind. Phone No.

SURVIVED BY Wife - Matilda Phone No.
2 sons Robert Wade Lake - Leroy - Elkhart
1 daughter - Mrs. Christine Miller, Goshen
1 sister - Mrs Ethel Davis - Muncie
4 Bros. - Floyd, Jim, Mort & Boyd of Muncie
6 grandchildren

DATE OF DEATH (Month) April (Day) 27 (Year) 1960 (Hour) 5 PM

SEX male | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Matilda | Age of husband or wife if alive 71 years

DATE OF BIRTH April 20, 1886 | AGE (In years last birthday) 74 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Morgan Co Ky. | CITIZEN OF WHAT COUNTRY U. S. A.

FATHER'S NAME William A. Collinsworth

MOTHER'S MAIDEN NAME Lucy Boys

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 317-03-4016

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address | Relationship to the deceased

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
Location Kimmell
County Noble State Indiana

DATE 4-30 19 60

RELIGION Baptist
CLERGYMAN Rev. Edward Hoger
Address Cromwell, Ind. Phone No.
FUNERAL DATE Sat April 30, 1960
TIME 2:00 PM
PLACE L H moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Raleigh Haley, Robert Haley
Ray Haley, James Haley
Bob Murphy, Dallas Wicker

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total _____
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		89
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-58)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Denny Burns Collinsworth
(NAME OF DECEASED)

317-03-4016
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

212 - 17

L. H. MOORE FUNERAL HOME
Cromwell, Indiana
Telephone ULster 6-6311
"Ambulance Service"

Funeral Purchase Record

28 April 196 C

Full name of deceased Denny B. Collinsworth Age 74

Deceased is Husband of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	430 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	525 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 525 00/100
(B) Accomodation Items	$ 25 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 550 00/100

My, or our, preference for settlement is:

Terms $50 00/100 Per Month for 11 months

Due date 28th day of each month until paid in full

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
[illegible]	550.00	150.00	400.00
7-2-60	400.00	50.00	350.00
[illegible]	350.00	50.00	300.00
2-4-61	300.00	300.00	—

Paid in full

RECORD OF FUNERAL

No. 2

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Clinton (Middle) Jefferson (Last) Birkhold

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE COUNTY PHONE

PLACE OF DEATH COUNTY Elkhart STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen

LENGTH OF STAY (In this place) 2 mo.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goshen General Hospital

DATE OF DEATH (Month) April (Day) 26 (Year) 1960 (Hour) 4:00 P

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Susan | Age of husband or wife if alive

DATE OF BIRTH Oct. 20 1878 | AGE (In years last birthday) 81 years | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Farm Owner

BIRTHPLACE (State or foreign country) Ohio | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME John Birkhold

MOTHER'S MAIDEN NAME Mahalia Ansbaugh

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 283-34-1277A+B

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Harold Stewart
Address Kimmell, Ind. | Relationship to the deceased brother-in-law.

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE 4-29 1960
Location Kimmell
County Noble State Indiana

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH Uremia
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Robert Stone
Address Ligonier Phone No. 57
SURVIVED BY Phone No.
wife Susan

RELIGION Lutheran
CLERGYMAN Rev. Raymond A. Nelsen
Address Cromwell, Ind. Phone No.
FUNERAL DATE Friday, April 29, 1960
TIME 2:30 PM.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Relatives.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-59)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.3.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Clinton Jefferson Birkhold
(NAME OF DECEASED)

283-34-1277A+B
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	787 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	882 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/100
Special Music	
Obituary Notices	
Total (B)	10 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

211 - 16

Funeral Purchase Record

27 April 196 0

Full name of deceased Clinton Jefferson Birkhold Age 81

Deceased is Brother-in-law. (Give Relationship) of person arranging services.

(A) Services, including merchandise $ 882 00/100

(B) Accomodation Items $ 10 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 892 00/100

My, or our, preference for settlement is:

Terms Disc. 15^{74} if paid in full on or before 12 May 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

Debit	Credit	Bal Pd in full
892.00	892.00	
	Less 15.74	
	876.26	

RECORD OF FUNERAL

No. 21C

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Mary (Middle) Ann (Last) Murphy

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural York Twp.

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY: Allen STATE: Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ft. Wayne

LENGTH OF STAY (In this place): 4 wks.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Memorial

DATE OF DEATH: (Month) April (Day) 16 (Year) 1960 (Hour) 7:00 P.

SEX: female | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: Hoover | Age of husband or wife if alive

DATE OF BIRTH: May 7, 1884 | AGE (In years last birthday): 75 years | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Morgan Co. Ky. | CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: William P. Halsey

MOTHER'S MAIDEN NAME: Elizabeth Carter

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): No | SOCIAL SECURITY NO.: None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Floyd Murphy
Address: RR 1 Kimmell | Relationship to the deceased: Son

PLACE OF BURIAL
Cremation or Removal
Cemetery: Salem
Location: Wilmot
County: Noble State: Indiana
DATE: 4-19 19 60

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Dr. Arata

Address: Ft. Wayne Phone No.

SURVIVED BY Phone No.

4 Sons. Floyd Murphy – Kimmell, Ind.
Carl Murphy –
Robert " " – No. Webster
Delford " " – Near Wolf Lake
2 Sisters Mrs. Maude Harper – Wolcottville
Mrs. Nora Murphy – Cromwell
12 grandchildren – 7 great Grandchildren

RELIGION: Protestant

CLERGYMAN: Rev. Celine Wainright & Rev. Lawrence Beaver, Kokomo

Address Phone No.

FUNERAL DATE: Tuesday ~~P.M.~~ April 19, 1960

TIME: 2:00 P.M.

PLACE: Big Lake Church of God.

FRATERNAL AFFILIATIONS: None

SINGERS

BEARERS: Dorsey Harper, Omar Goodpaster, Elbert Halsey & Albert Halsey, Garod Murphy, James Halsey

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: L.K. Moore License No.: 1752

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTIC[illegible] OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No. [illegible]	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		117.00
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
	Total	
Total Cash Advances		
Discount (if not figured in operation cost)		
	Total Net Cost of Funeral ☞	
	Gross Profit on Funeral	
**Less Operation Cost per Funeral		
	Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

MILLER-JONES COMPANY

NAME

ADDRESS

SOLD BY	STORE NO.	DATE	AMOUNT REC'D.
2	10	11/60	

Dept. No.	DEPARTMENT	Dept. No.	DEPARTMENT
1S	WOMEN'S STAPLE	6B	HOSIERY, MEN'S
1N	WOMEN'S NOVELTY	6C	HOSIERY, CHILDREN'S
2S	G. GIRLS' SPORT	7W	H. SLIPPERS, Women's
2P	G. GIRLS' PLAY & S. D.	7M	H. Slippers, Men's & Boys'
3	MISSES' - CHILDREN'S	7C	H. SLIPPERS, Children's
4D	MEN'S DRESS	8	RUBBERS
4W	MEN'S WORK	9	TENNIS
5D	BOYS' DRESS	10	FINDINGS - MISC.
5W	BOYS' WORK	11H	HANDBAGS
6A	HOSIERY, WOMEN'S	11M	HANDBAGS - MISC.

Dept.		DESCRIPTION	AMT.	
70		H2252	2	99
			1	98
			5	97

8420-39

FORM MJ 173 **In Case of Error or Exchange Present This Slip**

THE SHELBY SALESBOOK CO., SHELBY, OHIO 36A840

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	654 00/100
Outside Receptable	95 00/100
Clothing	17 95/100
Foot Wear	
Total (A)	766 95/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	20 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	20 00/100
Special Music	
Obituary Notices	
Total (B)	40 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

other clothing	5 97
slippers	2 99
Hose + Belt	2 98
Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

210 – 15

Funeral Purchase Record

17 April 1960

Full name of deceased Mary Ann Murphy Age 75

Deceased is mother of person arranging services.
(Give Relationship)

(A)	Services, including merchandise	$ 766 95/100
(B)	Accomodation Items	$ 40 00/100
* (C)	Additional items ordered later	$ 806 95/100

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ ~~806 95/100~~ 812 92

My, or our, preference for settlement is:

Terms Disc. $13 00/100 if paid in full on or before May 1, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
1-18-60	$12.92	$12.92	-0-

Pd in full

RECORD OF FUNERAL

No. 229

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Minnie (Middle) Estella (Last) Greider

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CAUSE OF DEATH Arteriosclerotic Heart Disease

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilmot | LENGTH OF STAY (In this place) 2 yrs.

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. E. Z. Stultz

Address Ligonier Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mock Nursing Home

SURVIVED BY Phone No.

1 Son Meredith - Cromwell
3 grandchildren
3 great grandchildren

DATE OF DEATH (Month) April (Day) 11 (Year) 1960 (Hour) 9:00A

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Oct. 22 1869 | AGE (In years last birthday) 90 | If Under 1 Year: Months, Days, Hours, Min. | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Joseph Moore

MOTHER'S MAIDEN NAME Mary Angood

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) no | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Meredith Greider

Address Cromwell | Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal Cemetery Oak Park | DATE 19

Location Ligonier

County Noble State Ind.

RELIGION Protestant

CLERGYMAN Rev. Jim Reffett

Address No. Webster, Ind. Phone No.

FUNERAL DATE April 14, 1960 Thursday

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Milo Snyder, Ralph Moore, Edwin Brun, Delbert Hard, John Beck, Glenn Click

CEMETERY LOT NO. 215 #55 Owner of Lot Minnie Greider

Section D Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4130

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	964 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	1059 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	10 00/100
Special Music	
Obituary Notices	
Stole	3 98/100
Total (B)	38 98/100

(C) ADDITIONAL ITEMS ORDERED LATER

Lettering Stone	10 00/100
Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

209-14

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

11 April 1960

Full name of deceased Minnie E. Greider Age 90

Deceased is mother of person arranging services.
(Give Relationship)

(A) Services, including merchandise $1059 00/100

(B) Accomodation Items $38 98/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $1097 98/100

20 00/100

$1117 98/100

19 25/100

$1098 73/100

My, or our, preference for settlement is:

Terms Discount $19 25/100 if paid in full on or before May 1, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal.
5-3-60	11798	1098 70/100	19. 25/100 Dr

PD in full

RECORD OF FUNERAL

No. 208

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Jesse (Middle) Kelly (Last) Halsey

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Albion

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Allen STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne
LENGTH OF STAY (in this place) 17 days.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview Memorial Hospital

CAUSE OF DEATH Cancer of Lung
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.

SURVIVED BY widow Maggie Phone No.
4 Sons, Albert H - Fairborn, Ohio 723 W Main
Walter " " P.O. Box 187
3 grandchildren - 36 Step grand.
5 Step children
3 Sisters Mary Murphy - Albion
Maude Harper - Wolcottville
Vera Murphy - Cromwell

DATE OF DEATH: (Month) April (Day) 8 (Year) 1960 (Hour) 1:45 a.
SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Maggie | Age of husband or wife if alive
DATE OF BIRTH Aug. 4, 1891 | AGE (In years last birthday) 68 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Morgan Co Kentucky | CITIZEN OF WHAT COUNTRY U. S. A.
FATHER'S NAME William F. Halsey
MOTHER'S MAIDEN NAME Elizabeth Carter
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Maggie Halsey
Address RR 1 Albion | Relationship to the deceased wife

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta | DATE 4-10 1960
Location Kimmell
County Noble State Indiana

RELIGION Protestant
CLERGYMAN Rev. A. F. ~~Bruce~~ Lawrence Beaver
Address ~~Ft Wayne~~ Laporte Phone No.
FUNERAL DATE Sunday April 10, 1960
TIME 2:00
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Robert Murphy, Owen Harper, Everett Murphy, Kenneth Halsey, Raleigh Halsey, Lionel Tingley

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

George K. Halsey
(NAME OF DECEASED)

402-34-8329
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

208-13

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

8 April 196c

Full name of deceased George Kelly Halsey Age 68

Deceased is Husband of person arranging services.
(Give Relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	373 00/100
Outside Receptable	95 00/100
Clothing	27 00/100
Foot Wear	
Total (A)	495 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 495 00/100
(B) Accomodation Items	$
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 495 00/100

My, or our, preference for settlement is:

Terms net 60 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

	Debit	Credit	Bal
4/29/60	495.00	495.00	-0-

Pd in full

RECORD OF FUNERAL

No. 237

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Delon (Middle) Hugh (Last) Dawault

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sparta Twp.

STREET ADDRESS (If rural, give location) RR 1 Cromwell

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY LaGrange STATE Indiana

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaGrange

LENGTH OF STAY (in this place) 12 days

AUTOPSY YES ☐ NO ☐

PHYSICIAN

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street, address or location) LaGrange County Hospital

Address Phone No.

SURVIVED BY Phone No.

widow - Minnie

2 sons - Jerry Dawault, South Bend, Ind.
David Dawault, Lemon Grove, Calif.

2 grand children

DATE OF DEATH (Month) March (Day) 27 (Year) 1960 (Hour) 4:30 P

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Minnie | Age of husband or wife if alive

DATE OF BIRTH Aug. 13 1882 | AGE (In years last birthday) 77 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | KIND OF BUSINESS OR INDUSTRY farmer

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.a.

FATHER'S NAME Oshie Dawault

MOTHER'S MAIDEN NAME Naomi Le Count

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 314-28-4009

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

RELIGION

CLERGYMAN

Address Phone No

FUNERAL DATE Wed. Mar 30, 1960

TIME 10:00 AM

PLACE D. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs Minnie Dawault

Address RR 1 Cromwell, Ind. | Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kromwell County Noble State Indiana | DATE 3-30 1960

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY D. H. Moore License No. 1782

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTIOI, C. CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	1167
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Melvin H. Davault
(NAME OF DECEASED)

314-28-4009
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	748 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	843 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

207-12

Funeral Purchase Record

27 March 196 0

Full name of deceased Melvin H. Barnett Age 77

Deceased is Husband (Give Relationship) of person arranging services.

(A) Services, including merchandise	$ 843 00/100
(B) Accomodation Items	$ 25 00/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 868 00/100

My, or our, preference for settlement is:

Terms Discount $15.00 if paid in full on or before 27 April 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit	Bal
3/31/60	#868.00	853.00	15.00 Disc

Paid in full

RECORD OF FUNERAL

No. 206

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Harvey (Middle) E. (Last) Hull

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH

COUNTY: St. Joseph STATE: Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Michiawaka

LENGTH OF STAY (In this place): 6 3/4 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph

CAUSE OF DEATH: Cancer

AUTOPSY: YES ☐ NO ☑

PHYSICIAN: Dr. Walerko

Address: 3 1/4 Race Mish. Phone No.:

SURVIVED BY: widow - Lila Phone No.:

2 daughters - Mrs Harold Kirk - Michiawaka
Mrs Forrest Kent, Plymouth
2 sons Howard Hull - Michiawaka
Kenneth Hull - Rockford, Ill.
Dean Hull -
10 grandchildren

DATE OF DEATH: (Month) March (Day) 10 (Year) 1960 (Hour) 8:00 PM

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Lila | Age of husband or wife if alive: years

DATE OF BIRTH: Feb 2, 1891 | AGE (In years last birthday): 69 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rural Mail Carrier | KIND OF BUSINESS OR INDUSTRY: Farmer

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. A.

FATHER'S NAME: Frank Hull

MOTHER'S MAIDEN NAME: Addie Crago

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 303-42-6663

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Mrs. Lila Hull

Address: Cromwell, Ind. | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal

Cemetery: Sparta DATE: Mar 13 1960

Location: Kimmell

County: Noble State: Ind.

RELIGION: Methodist

CLERGYMAN: Rev. Edward Hagen

Address: Cromwell Phone No.:

FUNERAL DATE: Sun., Mar. 13, 1960

TIME: 2:00 P.M.

PLACE: Cromwell Methodist Church

FRATERNAL AFFILIATIONS: Odd Fellows - Wibaux, Mont
K. of P. - Cromwell

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: Hanson License No.: 1752

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	159.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R281.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Harvey Eldon Hull
(NAME OF DECEASED)

303-42-6663
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	790 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	885 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

206 - 11

Funeral Purchase Record

11 March 1960

Full name of deceased Harvey E. Hull Age 69

Deceased is ~~wife~~ Husband of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 885 00/100

(B) Accomodation Items $ 25 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 910 00/100

My, or our, preference for settlement is:

Terms 4/5 Net Discount if paid in full on or before Mar 26, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit	Bal
		795.00	115.00
3/19/60	710.00	15.00 Int.	100.00
3/19/60	115.00	100.00	-0-
4/26/60	100.00		

Pd in full
Lthm

RECORD OF FUNERAL

No. 205

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Willis (Middle) D. (Last) Marble

CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Webster

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH

COUNTY STATE Florida

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bushnell

LENGTH OF STAY (in this place) 3 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) March (Day) 1 (Year) 1960 (Hour) 11:00A.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife

Age of husband or wife if alive

DATE OF BIRTH 20 April 1889

AGE (In years last birthday) 70 years

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Town Marshal

KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Isaac Mock

MOTHER'S MAIDEN NAME Sarah Ellen Shaw

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes

(If yes, give war or dates of ser.) WWI

SOCIAL SECURITY NO. 315-09-5447

BRANCH OF SERVICE (Army, Navy or Marine) Army

(Regiment, Company or Command) Artillery Unassigned 27th Div.

ENLISTED July 22, 1918

DISCHARGED 6 Feb. 1919

NAME OF WAR WWI

SERIAL NO. 3713648

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Jane Kuhn

Address RR1 North Webster

Relationship to the deceased Step Daughter

PLACE OF BURIAL Cremation or Removal? Cemetery Burial

DATE 6 March 1960

Location North Webster

County Kosciusko State Indiana

SURVIVED BY Step daughter Mrs. Jane Kuhn - RR1, No. Webster

2 sisters Mrs. Robert Miller & Mrs. Ena Runyan - no webster

4 grandchildren

RELIGION Protestant

CLERGYMAN Rev John Kimbo

Address No. Webster Phone No.

FUNERAL DATE Sunday 6 Mar 60

TIME 2:00 P.M.

PLACE C. H. Moore Funeral Home

FRATERNAL AFFILIATIONS Warsaw American Legion

SINGERS

BEARERS Jesse Custer, Bill Holloway, Glenn Kuhn, Dr. Long, Mr. Barber

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	101.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

THE WESTERN UNION TELEGRAPH COMPANY 4178 (Rev. 2-49)

RECEIPT

OFFICE 3/21 DATE 1960

Received from F. H. Moore Funeral Homes $461.87

Four hundred sixty-one and 87/100 Dollars in payment of:

☐ Account for the month of _____ 19____

☒ Telegraphic Money Order

☐ Telegram or Cable

☐ Deposit on Collect Telegram
Returnable after 24 hours

☐ Account No. _____
For Remittance

To Richardson Funeral Hm

At Dade City, Fla

THE WESTERN UNION TELEGRAPH COMPANY

By Ora J. Griffith

MONEY ORDER CHARGES PAID $ 6.78

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Willis Mock
(NAME OF DECEASED)

315-09-5447
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

VETERANS ADMINISTRATION

REGIONAL OFFICE
36 SOUTH PENNSYLVANIA STREET
INDIANAPOLIS 9, INDIANA

MAR 28 1960

IN REPLY REFER TO: 3026X

Lloyd H. Moore Funeral Home
P.O. Box # 43
Cromwell, Indiana

XC- 18 526 834
MOCK, Willis D.
3026/21BB/43.16

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

☒ 1. An allowance of $ 250.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR
If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

☐ 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

CC: Mrs. Jane Kuhn

Very truly yours,

ARTHUR SHERMAN
Adjudication Officer

FL VB8-143
Jan 1956(R)

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA ST.L.30147

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	595 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	690 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	48 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
advance to Richardson, Dade City Fla.	461 87/100
Total (B)	509 87/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount $	

225 - 1

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

3 March 1960

Full name of deceased Willis E. Mock Age 70

Deceased is Father of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 690 00/100

(B) Accomodation Items $ 509 87/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1199 87/100

Pd. 3-3-60 461 87

730 00/100

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

		Debit	Credit	Bal.
	3-31-60	730.00	380.00	350.00
U.A.	4-5-60	350.00	250.00	100.00
M.Co.	4-8-60	100.00	100.00	

Pd in full

RECORD OF FUNERAL

No. 204

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Martin (Middle) (Last) Adkins

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Allen STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne

LENGTH OF STAY (In this place) 3 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) V. A. Hospital

CAUSE OF DEATH

AUTOPSY YES ☑ NO ☐

PHYSICIAN

Address Phone No.

SURVIVED BY Wife Mae Phone No.

45 son Thaer, Bob, Rocco & Hollis all of Kimmell, Ind.

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Feb.	23	1960	11:00 A

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	married

Name of husband or wife: Mae

Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
21 Feb 1890	70				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Worker

KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Kentucky

CITIZEN OF WHAT COUNTRY?

FATHER'S NAME John Adkins

MOTHER'S MAIDEN NAME Linn Eshart

RELIGION Protestant

CLERGYMAN Rev. Kenneth Holcomb

Address Goshen Phone No.

FUNERAL DATE Friday - Feb. 26, 1960

TIME 2:00 P.M.

PLACE Hmoore Funeral Home

FRATERNAL AFFILIATIONS Sparta Post #421 American Legion

SINGERS

BEARERS

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of ser.) WWI

SOCIAL SECURITY NO. 132-14-1018

BRANCH OF SERVICE (Army, Navy or Marine) Army (Regiment, Company or Command) USSB Guard

ENLISTED 3-8-15

DISCHARGED 6-18-19

NAME OF WAR WWI

SERIAL NO. 1021 471

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Mae Adkins

Address Kimmell, Ind.

Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta DATE 2-26 1960

Location Kimmell

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Hmoore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R253.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Martin Adkins
(NAME OF DECEASED)

232-14-1018
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

XC 19 276 108

204.9

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

24 Feb 1960

Full name of deceased Martin Adkins Age 70

Deceased is Husband (Give Relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities & Equipment, Visitors Register, Acknowledgement Cards, Funeral Car or Sedan, Casket Coach, Casket	654 00/100
Outside Receptable	95 00/100
Clothing	
Foot Wear	
Total (A)	749 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Funeral Coach 2/27.	00
Total (C)	
Total Amount $	

(A) Services, including merchandise	$ 749 00/100
(B) Accomodation Items	$ 25 00/100
* (C) Additional items ordered later	$ ~~774 00/100~~

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 774 00/100

My, or our, preference for settlement is:

Terms Disc. 3% 13 if paid in full on or before Mar. 27, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Martin Adkins
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

		Debit	Credit	Bal
V.A.	3/19/60	774.00	250.00	524.00
	3/23/60	524.00	424.00	100.00
hotel co.	4/8/60	100.00	100.00	—

Pd in full

RECORD OF FUNERAL

No. 2C4-3-5

BURIAL PERMIT NO.
DECEDENT'S BIRTH NO.

NAME OF DECEASED (First) [illegible] (Middle) Elmer (Last) Slabaugh

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY STATE Louisiana

CAUSE OF DEATH Cancer

AUTOPSY YES ☒ NO ☐

PHYSICIAN —

CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Orleans | LENGTH OF STAY (In this place) 19

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Public Health Service Hosp.

Address Phone No.

SURVIVED BY widow - Lucile Phone No.
2 Brothers - Forest + Ervin of Slabaugh - Ky.
1 Sister - Mrs. Dorothy Ranger - Mishawaka Ind.
Mother - Mrs Luella Slabaugh Ligonier

DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1960 (Hour) 4:00 AM

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Lucile | Age of husband or wife if alive years

DATE OF BIRTH Nov 15 1901 | AGE (In years last birthday) 58 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Williard Slabaugh

MOTHER'S MAIDEN NAME Luella Latta

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 304-40-8151

BRANCH OF SERVICE (Army; Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Lucile Slabaugh
Address RR1 Cromwell, Ind. | Relationship to the deceased wife

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta | DATE 2-22 1960
Location Kimmell
County Noble State Ind.

RELIGION Protestant
CLERGYMAN Rev. John Hartman
Address Kendallville Phone No.
FUNERAL DATE Mon. Feb. 22, 1960
TIME 2 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS —

SINGERS —

BEARERS Otis Earnhart, Adrian Zeiger, Elmer Slabaugh, Everett Conkling, Alvin Robinson, Glade Rogers.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO.

SPECIAL REMARKS —

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

NEW ORLEANS CITY DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
In Cooperation with the Louisiana State Department of Health

BURIAL-TRANSIT PERMIT

CITY FEE ONE DOLLAR

DUPLICATE
No. 6J356

Name of DECEASED: KEITH ELMER SLABAUGH Sex: Male Age: 58

Place of Death: N. O., La. (City or Town) (Parish) (State) Date of Death: 2-19-1960

A Certificate of Death having been presented as required by law, permission to dispose of the body of the above named decedent, is hereby granted.

To: Jacob Schoen & Son (Name of Funeral Director or other such person)
1527 Elysian Fields Ave. (Address of Funeral Director)

By: _____ Signature of Local Registrant — Orleans Parish
Sparta Cem., 2-20-60 (Cemetery) (Date Issued)
Lemmell, Indiana

I am duly licensed to practice embalming by the Louisiana State Board of Embalming and Undertaking, or by a similar agency possessing like powers in the State of La., and have prepared the body of this decedent for final disposal by:

Method of Embalming or Preparation: Interred Casket on Date 2-20-60 1960

Embalmer: J. Hilliard License No. E719

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

I have registered with the authorized health department of _____ Parish, have complied with the laws of the State of _____ regarding final disposal of dead human bodies, and have _____ (Buried, Cremated, etc.) this decedent on _____ 19____ in

_____ Cemetery or Crematory _____ Address _____ Lot No.

Sexton's Signature: _____ Address _____

RETURN PERMIT TO REGISTRAR OF PARISH OF ISSUANCE WITHIN 10 DAYS
CITY HEALTH DEPT., ROOM IW04

FORM OA-C721
(1-58)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Keith Elmer Slabaugh
(NAME OF DECEASED)

304-42-8151
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

STATEMENT

JACOB SCHOEN & SON, INC.

527 ELYSIAN FIELDS AVENUE

NEW ORLEANS

ZONE 17

Funeral Directors — Serving Since 1874

FEBRUARY 20, 1960

MR. LLOYD H. MOORE

CROMWELL, INDIANA

TO SERVICES OF MR. KEITH ELMER SLABOUGH

TO EMBALMING REMAINS, TRANSFER AND OBTAINING BURIAL PERMIT $75.00

JACOB SCHOEN & SON, INC.

PAID

FEB 20 1960

Per. T. J. Wilson

AUXILIARY FUNERAL HOME: 3827 CANAL STREET

BRANCH: SCHOEN FUNERAL HOME, INC., COVINGTON, LA.

JERRY DEVENPORT PRINTING

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities & Equipment Visitors Register Acknowledgement Cards Funeral Car or Sedan Casket Coach Casket	1052.00
Outside Receptable	95.00
Clothing	
Foot Wear	
Total (A)	1147.00

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	25.00
Additional Autos	
Telegrams	
Long Distance Telep. Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Trip to New Orleans	128.00
Total (C)	

Total Amount $

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

203-5

Funeral Purchase Record

26 Feb 196 C

Full name of deceased Keith E. Slabaugh Age 58

Deceased is Husband of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 1147.00

(B) Accomodation Items $ 25.00

* (C) Additional items ordered later $ 7.5

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount ~~$ 1179.50~~ 1400.00

My, or our, preference for settlement is:

Terms Due $21.00 if paid in full on before Mar. 7, 19 6

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

	Debit	Credit
3-9-60	1750.00	1750.00

JI in pencil

RECORD OF FUNERAL

No 2027

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Perry (Middle) Wellington (Last) Kesler

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural - Santa Troy

STREET ADDRESS: RR (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH COUNTY: Noble STATE: Ind.

CAUSE OF DEATH: Cardiac failure

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Jesse O. Clase, M. D.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wolcottville Twp - Rural | LENGTH OF STAY (in this place): 16 days

Address: Figonier Phone No.:

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kondas Nursing Home

SURVIVED BY: Wife - Florence Phone No.:

1 daughter - Mrs. Cemira Albert Angola

1 Son John Kesler, Midwest City, Okla.

1 Bro. Noah Kesler, Figonier

DATE OF DEATH	(Month)	(Day)	(Year)	(Hour)
	Feb.	16	1960	8:45

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	married

Name of husband or wife: Florence | Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Sept. 1 1873	86				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Teacher | KIND OF BUSINESS OR INDUSTRY: Retired

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. a.

FATHER'S NAME: Moses Kesler

MOTHER'S MAIDEN NAME: Elizabeth Ann Shaver

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 303-42-5126

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Mrs. Florence Kesler

Address: RR #1 Cromwell, Ind. | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal

Cemetery: Oak Park | DATE: Feb. 19 1960

Location: Figonier

County: Noble State: Ind.

RELIGION: Protestant

CLERGYMAN: Rev. Raymond D. Wilson

Address: Cromwell, Phone No.:

FUNERAL DATE: Fri, Feb 19, 1960

TIME: 10:00 A.M.

PLACE: K. Moore Funeral Home

FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

CEMETERY LOT NO.: Owner of Lot:

Section: Grave No.:

FUNERAL DIRECTED BY: K Moore License No.: 1752

EMBALMER'S LICENSE NO.: 480

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No. L.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	89.00	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R285.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Perry Wellington Kiser
(NAME OF DECEASED)

303-42-5126
(SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

460 00/100

Outside Receptacle 95 00/100

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
Total (A) 555 00/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00/100
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (B) 35 00/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount

Form D.F.22 Copyrighted F. D. of A.
TRIPLICATE

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 202 - 7

17 Feb 19 60

Full name of deceased Mary Wo Risner Age 86

Deceased is husband of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 555 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 590 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 590 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the services and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By _____

_____ Signature of Purchaser

_____ Address

_____ City State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2-26-60	5 0 00	5 0 00	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 201

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) James (Middle) Edmund (Last) Summers

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Whitley STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Big Lake | LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Big Lake Church of God

DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1960 (Hour) 12:00 Noon

SEX: male | COLOR OR RACE: ~~White~~ ~~Female~~ | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: Helen | Age of husband or wife if alive: years

DATE OF BIRTH: Sept 12, 1894 | AGE (In years last birthday): 65 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | KIND OF BUSINESS OR INDUSTRY: Retired

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: James Summers

MOTHER'S MAIDEN NAME: Margaret Clifford

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of ser.): | SOCIAL SECURITY NO.: 308-07-9378

BRANCH OF SERVICE (Army; Navy or Marine): | (Regiment, Company or Command):

ENLISTED: | DISCHARGED:

NAME OF WAR: | SERIAL NO.:

INFORMANT (Hospitals follow Special Instructions on this item) Signature: Mrs. Helen Summers

Address: Cromwell | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal: Cemetery Oak Park | DATE: Feb. 17 1960

Location: Syracuse

County: Noble State: Indiana

CEMETERY LOT NO.: Owner of Lot:

Section: Grave No.:

CAUSE OF DEATH: Coronary

AUTOPSY: YES ☐ NO ☐

PHYSICIAN: Coroner Dr. Watt

Address: Cor. City Phone No.:

SURVIVED BY: wife Helen Phone No.:

1 son Robert of Indianola

1 daughter Mrs. Evelyn Foster, Ft. Wayne

2 sisters Mrs. Ethel Shell, Syracuse

Miss Helen Summers, Syracuse

4 grand daughters

RELIGION: Church of God

CLERGYMAN: Rev. J. B. McCarter

Address: Syracuse Phone No.:

FUNERAL DATE: Feb. 17, 1960 10:00 A.M.

TIME: 10:30 A.M.

PLACE: St. Patricks Catholic Church

FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS: Donald Sharpe, Russell Hook, Neal Hook, Dale Hursey, Lawrence Babcock, Arthur Fowler

FUNERAL DIRECTED BY: A N Moore License No. 1752

EMBALMER'S LICENSE NO.: F 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____

Total
Amount Paid - Cash -
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	195.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	8.96 00/100
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	1.95 00/100
Clothing Shirt	5.00/100
Foot Wear	
Total (A)	9.96 00/100

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	35.00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	45.00
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R281.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

James Edmund Simmers
(NAME OF DECEASED)

308-07-9378
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

201 - 6

L. H. MOORE FUNERAL HOME

Cromwell, Indiana

Telephone ULster 6-6311

"Ambulance Service"

Funeral Purchase Record

16 Feb 196 c.

Full name of deceased Edmund Summers Age 65

Deceased is Husband of person arranging services.
(Give Relationship)

(A) Services, including merchandise $ 896 00/100

(B) Accomodation Items $ 40 00/100

* (C) Additional items ordered later $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 936 00/100

My, or our, preference for settlement is:

Terms Disc. #36 00/100

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities & Equipment
Visitors Register
Acknowledgement Cards
Funeral Car or Sedan
Casket Coach
Casket — 896 00/100

Outside Receptable .....
Clothing .....
Foot Wear .....
.....

Total (A) 896 00/100

(B) INCIDENTAL ACCOMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience:

Cemetery Charges	35 00/100
Additional Autos	.....
Telegrams	.....
Long Distance Telep. Calls	.....
R. R. Transportation	.....
Flowers	.....
Clergyman	.....
Special Music	.....
Obituary Notices	.....
Shirt	5 00/100
	.....
	.....
	.....

Total (B) 40 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

.....
.....
.....
.....
.....
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Total (C) .....

Total Amount $.....

RECORD OF FUNERAL

No. 500

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) H John (Middle) Claude (Last) Halsey

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) Galt Township

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY La Grange STATE Ind.

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange | LENGTH OF STAY (In this place) 1 day

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. C. F. Stultz

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange County Hospital

Address Legonier Phone No.

SURVIVED BY Wife Phone No.

DATE OF DEATH (Month) Feb (Day) 12 (Year) 1960 (Hour) 7:06 P.M.

Mrs. Doral Lawson, Ft. Wayne
" Patricia Mary, Churubusco 2 grand ch.
Mrs. Quentin Goff, Cal. City 1 great grand ch.
Mrs. Fred Hatch, Albion
Hallie Halsey, Mrs Kimmell
Elbert Halsey, Albion
Delbert Halsey, Rome City
Marion Halsey, Kimmell
Geo. Felby Halsey, Albion
3 sisters, Mrs. Maud Murphy, Ft Wayne Albion
Mrs. Blanche Harper, Goldenville

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Lula Mae Halsey | Age of husband or wife if alive years

DATE OF BIRTH Feb 8, 1899 | AGE (In years last birthday) 61 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Kentucky | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME William S. Halsey

MOTHER'S MAIDEN NAME Elizabeth Carter

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) Yes | SOCIAL SECURITY NO. 315-16-2220

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs Lula Mae Halsey

Address RR #2 Legonier, Ind. | Relationship to the deceased wife

RELIGION Protestant Mrs Iona Murphy, Ecumenical Knapp Lake

CLERGYMAN Rev. Laurence Brasee,

Address La Grange Phone No.

FUNERAL DATE Feb. 15, 1960 Monday

TIME 2:00 P.M.

PLACE Big Lake Church of God.

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

PLACE OF BURIAL Cremation or Removal Cemetery Salem | DATE 2-15 1960

Location Washington Twp.

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY K. H. Moore License No. 1752

EMBALMER'S LICENSE NO. #180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		126.50
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

John Claude Halsey
(NAME OF DECEASED)

315-16-2220
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 200

12 Feb. 1960

Full name of deceased Otho Claude Haley Age 71

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities and Equipment, Visitors Register, Acknowledgment Cards, Funeral Car or Sedan, Casket Coach, Casket	748 00/100
Outside Receptacle	75 00/100
Clothing	21 00/100
Foot Wear	
Total (A)	844 95/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) Services, including merchandise	$ 844 95/100
(B) Accommodation Items	$ 20 00/100
Total (A & B)	$ 884 95/100
* (C) Additional items ordered later	$

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 884 95/100

My, or our, preference for settlement is:

Terms Note 915.00 if paid in full on or before Mar. 13, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195___ Amt. $_____

Payment Received in Full _____ 195___ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3-11-60	$54.95	$69.95	15.00 Price
		15 Inflated	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No 179

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Nora (Middle) M. (Last) Hines

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago, Ill.

STREET ADDRESS (If rural, give location) 4508 N. Mozart

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ill. COUNTY Cook PHONE

PLACE OF DEATH

COUNTY Cook STATE Ill.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago

LENGTH OF STAY (In this place) 44

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN

Address Phone No.

SURVIVED BY: Phone No.

1 Daughter - Mayte Dester - Chicago
1 Son, Franklin Hines, Colorado
1 Sister Pell Hunt Indianapolis

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Jan.	28	1960	

SEX F. | COLOR OR RACE W | ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Feb. 14 1875	84				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Noble County | CITIZEN OF WHAT COUNTRY? U S A

FATHER'S NAME Isaac Beegley

MOTHER'S MAIDEN NAME Anne Prickett

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address | Relationship to the deceased

RELIGION

CLERGYMAN Rev. Eugene Brown

Address Kimmell Phone No.

FUNERAL DATE Feb. 1 - 1960

TIME 1:30 P.M.

PLACE F. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

~~SINGERS~~ Earl Hines, Earl Lyons, Hines, Vera Hines, Charles Rich, Beulah Stokes

BEARERS

PLACE OF BURIAL Cremation or Removal

Cemetery Salem DATE 2-1 1960

Location Wilmot

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Barbara Moore License No. 1753

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

ORIGINAL

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH
FORM VS & R 204 (1959 Revision)

BURIAL-REMOVAL PERMIT

PERMIT NO. 3663

FULL NAME OF DECEDENT: Nora Hines AGE: 84 SEX: F U.S. WAR VETERAN:

PLACE OF DEATH: 4506 S. Ingleside CHICAGO, County of COOK

DATE OF DEATH: 1-28-60 CAUSE OF DEATH: Arteriosclerosis H.D.

DISPOSITION OF BODY:

Remove body from Turner to Salem and hold until 2-1-60, 19

~~CREMATE~~ INTER body in Salem Cemetery, at Cromwell Rural

PERMIT ISSUED TO: Drake & Son, ILL. F.D. LICENSE No. 406

ADDRESS: CHICAGO

A CERTIFICATE OF DEATH having been filed as required by the laws of Illinois, permission is hereby given to dispose of the body, as specified above.

DATE: 1-30-60 (SIGNED) Herman N. Bundesen LOCAL REGISTRAR

REGISTRATION DISTRICT No. 16.10 ADDRESS: Chicago Board of Health, 54 West Hubbard St., Chicago, Ill. by

SEXTON'S ENDORSEMENT:

The body accompanying this permit was received and was CREMATED INTERRED

in _____, 19___, *in* _____ *CEMETERY,*

located at _____ (Signed) _____ Sexton

GRAVE OR VAULT: BLOCK _____ LOT _____ GRAVE _____

SEXTON: ENDORSE AND RETURN THIS PERMIT TO LOCAL REGISTRAR OF DISTRICT WHERE CEMETERY IS LOCATED WITHIN 3 DAYS

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

THIS PERMIT MUST ACCOMPANY BODY TO DESTINATION

Allied Sales Co., Spfld., Ill.

FUNERAL DIRECTOR PLEASE NOTE

- This permit must stay with the body at all times until disposition is complete.
- If the body is being shipped by common carrier you must also get a TRANSIT PERMIT from the local registrar.
- If there is no Sexton in charge of the cemetery, you must fill out and sign the SEXTON'S ENDORSEMENT and write your address below the signature. Also write "NO SEXTON IN CHARGE OF CEMETERY" in the lower margin and return the endorsed permit to LOCAL REGISTRAR of the district where cemetery is located within 3 days after the burial.
- If decedent was a U.S. War Veteran you must complete FORM VS & R 225 CERTIFICATE OF BURIAL OF U.S. WAR VETERAN and file it with the Registrar who issued this permit not later than 15 days after burial.

PERMIT FROM LOCAL HEALTH AUTHORITY

(Applies to deaths due to smallpox, cholera, or plague.)

The removal and disposition of the body of _____, as described on the face of this permit is hereby authorized, subject to the strict observance of all rules and regulations for the transportation of the dead.

Date _____ Signed _____

Health Officer for _____, Illinois

763

(A) OUR SERVICE, ~~including~~ merchandise selected

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities and Equipment
~~Visitors Register~~ 12.
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
~~Casket~~

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
Total (A) 1

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman 15.00
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 199

_____ 19__

Full name of deceased _____ Age 64

Deceased is _____ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $_____

(B) Accommodation Items . . . . . $_____

Total (A & B) $_____

* (C) Additional items ordered later . . . $_____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 220.00

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

_____
Signature of Purchaser

_____
Address

By _____
Director

_____
City State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE 19 60

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of .....

.....

in Burial Space ..... (4) Lot ..... Section ....., Recorded in the name of

.....

Vault size .....

Grave opening to be ready by ..... A.M./P.M. Date 19 60

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ ..... for grave opening.....

.....

.....

x .....

.....

.....

(Signatures of relatives or legal representatives.)

.....

.....

.....

(Address and relationship to deceased or authority to sign.)

Funeral Director ..... Number .....

TRIPLICATE Form D.F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle . . . . .

Clothing . . . . . .
Foot Wear . . . . . .
. . . . . .

Total (A)

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . .
Additional Autos . . . . . .
Telegrams . . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . . .
Flowers . . . . . .
Clergyman . . . . . .
Special Music . . . . . .
Obituary Notices . . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

Total (C)

Total Amount

FEDERATED FUNERAL DIRECTORS OF AMERICA

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 198

27 June 1950

Full name of deceased [illegible] Age 77

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ [illegible]

(B) Accommodation Items . . . . . $ [illegible]

Total (A & B) $ [illegible]

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ [illegible]

My, or our, preference for settlement is:

Terms

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By [illegible]

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1-18-60	24 5 00	24 5 00	-0-

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 197

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Luther (Middle) Dallas (Last) Baugher
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell
LENGTH OF STAY (in this place) 15 mos.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

DATE OF DEATH: (Month) January (Day) 25 (Year) 1960 (Hour) 8:00 P.M.
SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
Name of husband or wife:
Age of husband or wife if alive: years

DATE OF BIRTH: Nov. 26, 1879
AGE (In years last birthday): 80
If Under 1 Year: Months | Days
If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
KIND OF BUSINESS OR INDUSTRY:
BIRTHPLACE (State or foreign country): Indiana
CITIZEN OF WHAT COUNTRY? U. S. A.
FATHER'S NAME: Marvin Baugher
MOTHER'S MAIDEN NAME: Mary Belle Beers
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of ser.):
SOCIAL SECURITY NO.: 303-40-6536
BRANCH OF SERVICE (Army, Navy or Marine):
(Regiment, Company or Command):
ENLISTED:
DISCHARGED:
NAME OF WAR:
SERIAL NO.:

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Herschell Baugher
Address: Kimmell
Relationship to the deceased: Brother

PLACE OF BURIAL
Cremation or Removal
Cemetery: Metz
Location: Washington Twp.
County: Noble State: Ind.
DATE: 1-27 1960

CEMETERY LOT NO.: Owner of Lot:
Section: Grave No.:

CAUSE OF DEATH: Leukemia
AUTOPSY: YES ☐ NO ☑
PHYSICIAN: Dr. Emmons
Address: Albion Phone No.:
SURVIVED BY: Phone No.:
Brother Herschell Baugher, Kimmell

RELIGION: Protestant
CLERGYMAN: Rev. Eugene Bryan
Address: Kimmell, Ind. Phone No.:
FUNERAL DATE: Wed. Jan. 27, 1960
TIME: 2:00 P.M.
PLACE: Emmons Funeral Home
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

FUNERAL DIRECTED BY: L. Emmons License No. 1752
EMBALMER'S LICENSE NO.: 418

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	138.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Estelle L. Laughlin
(NAME OF DECEASED)

363-76-6536
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

TRIPLICATE Form D F 27 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 781 00/100

Outside Receptacle 95 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . . 676 00/100
Total (A)

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls . . . . .
R. R. Transportation . . . . .
Flowers 10 00/100
Clergyman 10 00
Special Music . . . . .
Obituary Notices . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . 45 00/100
Total (B)

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
Total (C)

Total Amount

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

2

FUNERAL PURCHASE RECORD

No. 197

25 Jan 1960

Full name of deceased Luther D. Baughn Age 80

Deceased is Brother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 876 00/100

(B) Accommodation Items . . . . . $ 45 00/100

Total (A & B) $ 921 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 921 00/100

My, or our, preference for settlement is:

Terms Disc 2% 15 days if paid in full on or before Feb. 10, 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1-29-60	92 1 00	90 5 38	1 5 62 Dr.
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No 196

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Anna (Middle) S. (Last) Miller

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orlando

STREET ADDRESS (If rural, give location) 2350 Jessy St.

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

STATE Fla. COUNTY Orange PHONE

PLACE OF DEATH

COUNTY Orange STATE Fla.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orlando

LENGTH OF STAY (in this place) 74 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) O. M. H.

DATE OF DEATH (Month) January (Day) 21 (Year) 1960 (Hour) 12:15A

SEX female

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife George T.

Age of husband or wife if alive ____ years

DATE OF BIRTH Feb. 2, 1888

AGE (In years last birthday) 71

If Under 1 Year: Months ____ Days ____

If Under 24 Hrs.: Hours ____ Min. ____

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ind. Ohio

CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Martin T. Smith

MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature George T. Miller

Address 2350 Jessy St. Orlando Fla

Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

Location Roseville

County Noble State Ind.

DATE 1-26 1960

CEMETERY LOT NO. ____ Owner of Lot ____

Section ____ Grave No. ____

CAUSE OF DEATH ____

AUTOPSY YES ☐ NO ☑

PHYSICIAN ____

Address ____ Phone No. ____

SURVIVED BY ____ Phone No. ____

Husband - George

sister - Ellie Blender, Albion

RELIGION Protestant

CLERGYMAN Rev. Milton Parsons

Address albion Phone No. ____

FUNERAL DATE Tues. Jan 26, 1960

TIME 2:00 Pm

PLACE Sparta church

FRATERNAL AFFILIATIONS ____

SINGERS ____

BEARERS ____

FUNERAL DIRECTED BY K. A. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS ____

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
~~Visitors Register~~
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
~~Casket~~

165 00/100

Outside Receptacle 95 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 260 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00/100
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B) 25 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED DIRECTORIES OF AMERICA

FUNERAL PURCHASE RECORD

No. 196

25 Jan 1950

Full name of deceased Emma S. Miller Age 71

Deceased is wife of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 260 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 285 00/100

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 285 00/100

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
[illegible]	95 00	40 00	55 00
1-11-61	85 00	40 00	45 00
7-6-61	45 00	40 00	5 00
	5 00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 195

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Oscar (Middle) (Last) Correll

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp.

STREET ADDRESS (If rural, give location) Washington Twp

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. LENGTH OF STAY (In this place) 50 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RR #1 Cromwell

DATE OF DEATH (Month) December (Day) 29 (Year) 1959 (Hour) 1:30 P.

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Catherine | Age of husband or wife if alive years

DATE OF BIRTH Mar. 25 1889 | AGE (In years last birthday) 70 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Frank Correll

MOTHER'S MAIDEN NAME Matilda Wouchter

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 308-28-7671

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Catharine Correll

Address RR 1 Cromwell | Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal Cemetery Indian Village | DATE 12-31 1959

Location Indian Village

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. George Statler

Address No. Webster Phone No.

SURVIVED BY wife Phone No.

1 Son - Charles, RR 1 Cromwell

1 Bro. - Homer - Widmet

4 sisters - Mrs. Rena Pitcher - Warsaw

Mrs Laura Van Voorst - Warsaw

Mrs. Estella Miller - No. Webster

Mrs. Blanche Hunter - Ft. Bend

2 grand children

RELIGION Protestant

CLERGYMAN Rev. David Linder

Address Phone No.

FUNERAL DATE Thursday - Dec 31, 1959

TIME 2:00 P.M.

PLACE E.U.B. Church - Indian Village

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY J. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

308-28-7671
(NAME OF DECEASED)

Oscar Cornell
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) **OUR SERVICE, including** merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle 75.00

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
Total (A) 495.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (B) 25.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount

Form D-F 22
Copyrighted F. F. D. of A.
TRIPLICATE

RECEIPTED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 195

30 June 1957

Full name of deceased Susan Carroll Age 50

Deceased is Sister (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 720.00

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ 720.00

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 720.00

My, or our, preference for settlement is:

Terms Amount to be paid in full on or before Jan. 15, 1958

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 194

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Harrison (Middle) C. (Last) Lemon

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CAUSE OF DEATH Cerebro-Vascular Accident

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (in this place) 50 yrs.

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. Robert Stine

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) E. Orange

Address Syracuse Phone No.

SURVIVED BY wife - Edna Phone No.

4 daughters Maurice Branch Lois Lyon Maxine Burns all of Cromwell Thelma Smith of Albion

6 sons - Lloyd, Floyd, ~~Earl~~, Arthur, Pat all of Cromwell, Keith - Elkhart Harry - Mich. City

27 grandchildren & 7 great grandchildren

DATE OF DEATH (Month) Dec (Day) 19 (Year) 1959 (Hour) 3:00 A

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Edna | Age of husband or wife if alive

DATE OF BIRTH Nov. 29, 1888 | AGE (In years last birthday) 71 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Lewis Lemon

MOTHER'S MAIDEN NAME Melissa McMann

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 306-26-7765

BRANCH OF SERVICE (Army; Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature

Address | Relationship to the deceased

RELIGION Protestant

CLERGYMAN Rev. Edmund Hagen

Address Cromwell Phone No.

FUNERAL DATE Dec 21, 1959 Monday

TIME 2:00 P.M.

PLACE L. Lemon Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Grandchildren Ray - Ray Crutchfield Burns Kenneth Lemon, Bobby Lemon - Eddie Lemon

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kendall County Noble State Indiana | DATE Dec 21 19 59

CEMETERY LOT NO. 404 Owner of Lot

Section 4 Grave No.

FUNERAL DIRECTED BY L. Lemon License No. 1752

EMBALMER'S LICENSE NO. 418C

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____ 57.00
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE January 19, 1967

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of [illegible]

in Burial Space Three (3) Lot 104 Section 4 Recorded in the name of [illegible]

Vault size [illegible] Vault. Cromwell

Grave opening to be ready by 1:00 ~~A~~M./P.M. Date Monday - Dec. 21, 1967

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $15.00 for grave opening

[illegible] Emmert Funeral Director

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director [illegible] Emmert Funeral Home Number

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Harrison C. Liamon
(NAME OF DECEASED)

306-26-7765
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

No. 194

19 Dec 1959

Full name of deceased Harrison C. Lemon Age 71

Deceased is Father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 555 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 580 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 580 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

_____
Signature of Purchaser

_____
Address

_____
City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities and Equipment, Visitors Register, Acknowledgment Cards, Funeral Car or Sedan, Casket Coach, Casket	460 00/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
Total (A)	555 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 193

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) William (Middle) Wesley (Last) Juday

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Converse

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Kosciusko STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warsaw

LENGTH OF STAY (In this place) 4 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Prairie View Rest Home

CAUSE OF DEATH Cardiac Insufficiency

AUTOPSY YES ☐ NO ☒

PHYSICIAN C. L. Hillary, M.D.

Address Warsaw, Ind. Phone No.

SURVIVED BY wife Mabel Phone No.

1 daughter, Lois Felts, Birmingham, Mich.

1 son Harold, Lake Wawasee

4 grandchildren

DATE OF DEATH (Month) Dec. (Day) 16 (Year) 1959 (Hour) 10:30A.

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Mabel | Age of husband or wife if alive years

DATE OF BIRTH June 16 1864 | AGE (In years last birthday) 95 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Adam Juday

MOTHER'S MAIDEN NAME Magdalena Eppert

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mabel Juday

Address Cromwell | Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal Cemetery Oak Park | DATE 12-18-1959

Location Syracuse

County Noble State Ind.

RELIGION Protestant

CLERGYMAN Rev. Raymond A. Nelson

Address Cromwell, Ind. Phone No.

FUNERAL DATE

TIME 2:00 PM

PLACE L. Hmoore Funeral Home

FRATERNAL AFFILIATIONS Loyal Order of Moose

SINGERS

BEARERS David Kinney, Alvin Wilkinson, Glen Neardaugh, Joe Lacy, Boyd McFarland, Curt Payne

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L Hmoore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

TRIPLICATE Form D.F 22 Copyrighted F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

6 10 00

Outside Receptacle 95 00

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 165 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman 10 00
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B) 45 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

FEDERATED

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 193

Dec 16 1957

Full name of deceased [illegible] Age [illegible]

Deceased is husband of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 165 00

(B) Accommodation Items . . . . . $ 45 00

Total (A & B) $ 210 00

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 210 00

My, or our, preference for settlement is:

Terms Disc. 3% if paid in full on or before Dec 31, 1959

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-31-59	81 20 00	24 00 00	57 20 00
	24 10 00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 192

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Robert (Middle) Henry (Last) Cackey

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural York Twp.

STREET ADDRESS (If rural, give location) York Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN York Twp. LENGTH OF STAY (in this place) Born

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Cyrus Cackey

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RR 2 Ligonier

Address Wolf Lake Phone No.

DATE OF DEATH (Month) Nov (Day) 22 (Year) 1959 (Hour) 1:15 P

SURVIVED BY Phone No.

Daughter - Lena Stump
Sister - Miss Minnie Cackey - Ligonier RR 1
4 grandchildren
5 great grandchildren

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Feb. 9, 1868 | AGE (In years last birthday) 91 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY Farmer

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Samuel Cackey

MOTHER'S MAIDEN NAME Nancy Collins

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. Unk

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Clarence Stump
Address RR 2 Ligonier, Ind. Relationship to the deceased son in law

PLACE OF BURIAL Cremation or Removal
Cemetery Wolf Lake | DATE Nov. 24 1959
Location Wolf Lake
County Noble State Indiana

RELIGION Protestant
CLERGYMAN Rev. Albert Fuller
Address Atwood, Ind. Phone No.
FUNERAL DATE Tues. Nov. 24, 1959
TIME 1:00 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Son's Charles Cackey, Dale Leppert, Lisle Friend, Orvin Rohrer, Bradley

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____ 66.50
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	372 00/100
Outside Receptacle	95 00/100
Clothing	24 95/100
Foot Wear	492 00
Total (A)	537 00/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	45 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FEDERATED FUNERAL DIRECTORS OF AMERICA

20

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 197

12 Dec 1952

Full name of deceased Robert L. Cooper Age 71

Deceased is father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 492 00

(B) Accommodation Items . . . . . $ 45 00/100

Total (A & B) $ 537 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 537 00/100

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11-20-59	537 00	25 00	512 00
11-25-59	512 00	10 00	502 00
1-[illegible]-60	502 00	10 00	492 00
4-27-60	492 00	492 00	-0-
		10 mo	
		10 mo	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 191

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Eleanor (Middle) Asenith (Last) Rothe

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location): Turkey Creek Twp

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE: Ind. COUNTY: Kosciusko PHONE

PLACE OF DEATH COUNTY: Kosciusko STATE: Ind.

CAUSE OF DEATH: Myocardial failure

AUTOPSY YES ☐ NO ☒

PHYSICIAN: Dr. S A Wiley

Address: 2423 S Calhoun FT Wayne Phone No.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: R.F.D. #2 Syracuse | LENGTH OF STAY (In this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SURVIVED BY: Husband - Frank Phone No.

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Nov	19	1959	3:40 a m

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
female	white	married

Name of husband or wife: Frank | Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Jan 9, 1883	76				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Pennsylvania | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME: Milo C. Ross

MOTHER'S MAIDEN NAME: Sarah Snigler

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): no | SOCIAL SECURITY NO.: none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address | Relationship to the deceased

PLACE OF BURIAL Cremation or Removal
Cemetery
Location
County State

DATE 19

RELIGION: Protestant

CLERGYMAN: Rev. Robert Yoder

Address: RR 2 Syracuse Phone No.

FUNERAL DATE: Sat. Nov. 21, 1959

TIME: 2:00 P.M.

PLACE: Hoover Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS: Ralph T. Wilson, Ernest Wolfe

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: E Hoover License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	104.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 595 00/100

Outside Receptacle . . . . — 50 00/100

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 645 00/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . — 25 00/100
Additional Autos . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) 25 00/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

FEDERATED 19

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 191

19 Nov. 195?

Full name of deceased [illegible] Age 76

Deceased is Uncle of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 600 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 715 00/100

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 715 00/100

My, or our, preference for settlement is:

Terms 1/2 Payment if paid in full on before Dec 1, 1957

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By T H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11-23-59	17 15 00	5 03 10	11 90 Due
		20 in full	
		17 77	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 190

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Vassa (Middle) (Last) LeCount

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH

COUNTY Allen STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne | LENGTH OF STAY (In this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) V.A. Hospital

DATE OF DEATH (Month) Nov (Day) 1 (Year) 1959 (Hour) 9:00 P.M.

SEX male | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

Name of husband or wife Florence | Age of husband or wife if alive 77 years

DATE OF BIRTH May 27 1882 | AGE (In years last birthday) 77 | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME William LeCount

MOTHER'S MAIDEN NAME Anna Schlattenbeck

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 303-14-7312

BRANCH OF SERVICE (Army, Navy or Marine) Army | (Regiment, Company or Command) 106th Infantry

ENLISTED 3-31-18 | DISCHARGED 3-3-19

NAME OF WAR WW I | SERIAL NO. 2039537

INFORMANT (Hospitals follow Special Instructions on this item) Signature Florence LeCount

Address Cromwell | Relationship to the deceased wife

PLACE OF BURIAL Cremation or Removal

Cemetery Evans | DATE 11/4 1959

Location Kimmell

County Noble State Ind.

CAUSE OF DEATH

AUTOPSY YES ☑ NO ☐

PHYSICIAN Wm. C. F. Hartley

Address Leesburg, Ind. Phone No.

SURVIVED BY Wife - Florence Phone No.

1 Son Millard - New York

2 Sisters - Lena Thunderbird, Leesburg

2 Step Daughters - Mrs Carl Miller

Mary Whitenummer

2 - Step grandchildren

1 - Step great

RELIGION Protestant

CLERGYMAN Rev. F. J. Kruger

Address Cromwell Phone No.

FUNERAL DATE Wed - Nov 4 1959

TIME 2:00 P.M.

PLACE Lemaux Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Ed Summers, Dick DeMott, Pat Lemon, Paul Traver, Lee Robinson, Hal Hartley

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moon License No. 1752

EMBALMER'S LICENSE NO. H-80

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	139.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

VETERANS ADMINISTRATION
REGIONAL OFFICE
36 SOUTH PENNSYLVANIA STREET
INDIANAPOLIS 9, INDIANA

APR 4 1960

YOUR FILE REFERENCE:

IN REPLY REFER TO:
XC 155 235
LeCOUNT, Vassa
3026-21BB/43.1

L. H. Moore Funeral Home
Cromwell
Indiana

Gentlemen:

In our letter of November 30, 1959, we informed you that in addition to the statutory burial allowance of $250, an additional sum for hearse services could also be paid. If interested in this additional benefit, you were instructed to furnish another statement of account itemized to show all charges for hearse services.

We have received another statement of account correctly itemized to show these charges. However, the statement appears to have come from Mrs. LeCount. This raises the question as to whether or not the funeral bill has been paid in full. If so, the person who paid the bill would be the proper claimant for the additional sum.

It would, therefore, be appreciated if you would furnish a statement as to whether or not the bill has been paid in full, and if so, by whom.

Thank you for your cooperation in this matter. For your convenience there is enclosed a self addressed envelope requiring no postage.

Very truly yours,

ARTHUR SHERMAN
Adjudication Officer

Encl. Env.

An inquiry by or concerning a veteran or person in service should include full name and any VA file number preceded by a letter, such as C, XC, K, N, V, H, RH, RS, W, or loan number. If VA number is unknown, service number should be given.

BILL OF LADING AND SHIPPING INSTRUCTIONS

(Government Headstone or Marker)

The requested government headstone or marker has been shipped and is enroute to you. Keep the inclosed bill of lading intact until the shipment arrives, as it covers the payment of freight charges. You will be notified by the local agent of the transporting carrier when the stone arrives. Upon receipt of notification, communicate immediately with this agent. Neglect, by not complying with these instructions, will cause storage charges which begin 48 hours after you are notified. The government is not responsible for storage charges. Immediate removal will avoid this charge.

EXAMINE SHIPMENT CAREFULLY BEFORE ACCEPTANCE

ACCEPTANCE (If the stone is in good condition)

1. Fill in Consignee's Certificate of Delivery at the bottom of Bill of Lading, including date.
2. If you accept the stone at the freight station, insert the word "was" in Consignee's Certificate of Delivery.
3. If stone is delivered to your business address, residence, or cemetery, insert the words "was not" in Consignee's Certificate of Delivery. (IN NO CASE WILL THE GOVERNMENT PAY DELIVERY CHARGES FROM THE FREIGHT STATION TO YOUR BUSINESS ADDRESS, RESIDENCE, OR CEMETERY.)
4. Sign Consignee's Certificate of Delivery and release bill of lading to agent of the carrier. Remove shipment.

DAMAGES (Shipment of one stone so damaged as to mar the appearance)

1. Refuse to accept the stone.
2. Note the damage on the back of the bill of lading under "Report of Loss, Damage, or Shrinkage" and sign the notation.
3. Return the bill of lading to the office indicated at the bottom of this page.

DAMAGES (Shipment of more than one stone where some are damaged or missing)

1. Accept the stones not damaged and refuse the damaged ones.
2. Note damaged or missing stones on the back of the bill of lading under "Report of Loss, Damage, or Shrinkage."
3. Sign damage or missing notation and Consignee's Certificate of Delivery.
4. Release bill of lading to carrier's agent. Notify Office indicated below, for necessary action, of the number of stones damaged or missing. Give full name on each stone.

IF STONE IS NOT DAMAGED, ACCEPT AND REMOVE FROM FREIGHT STATION IMMEDIATELY

FURTHER QUESTIONS IN REGARD TO STONES MISSING, DAMAGED, OR REQUESTS FOR LOST BILLS OF LADING SHOULD BE ADDRESSED TO:

THE QUARTERMASTER GENERAL
DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C.

OQMG FORM 2304

* U.S. GOVERNMENT PRINTING OFFICE : 1959 O—529203

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Vera Le Count
(NAME OF DECEASED)

303-14-7312
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

781.00

Outside Receptacle 15.00

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 796.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25.00
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B) 25.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

FEDERATED 15

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 196

[illegible] 195[illegible]

Full name of deceased [illegible] Age [illegible]

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 816.00

(B) Accommodation Items . . . . . $ 25.00

Total (A & B) $ 901.00

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 901.00

My, or our, preference for settlement is:

Terms Disc. #1562 — Net 3,'59

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above

L. H. MOORE FUNERAL HOME

By [illegible]

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1-17-52	9 0 1 00	1 5 42	8 8 5 38
1-17-52	5 8 5 38	4 3 5 38	4 5 0 00
	4 5 0 00		
		1 2	1 5 9
		9 1	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 159

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Mary (Middle) Catherine (Last) Kappeli

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH
COUNTY Oakland STATE Michigan
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birmingham
LENGTH OF STAY (in this place) 14 yr.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) October (Day) 19 (Year) 1959 (Hour)

SEX female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed

Name of husband or wife William | Age of husband or wife if alive years

DATE OF BIRTH Dec. 13, 1881 | AGE (In years last birthday) 77 | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Canada | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME

MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Pearl Hussey
Address Cromwell, Ind. | Relationship to the deceased friend

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE Oct 22 19 59
Location Kimmell
County Noble State Ind.

CAUSE OF DEATH Congestive Heart Failure
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No. 4125 Sandy Lane Birmingham Mich
1 Daughter - Mrs. W. A. Copson
1 son - William Kappeli - Calif
5 g.c. 2 children

RELIGION Lutheran
CLERGYMAN Rev. Raymond Nelson
Address Cromwell Phone No.
FUNERAL DATE Thursday Oct 22, 1959
TIME 1:30 P.M.
PLACE L. Hixson Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY L. Hixson License No. 1952
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	

Total Amount _____

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

- DUPLICATE -

BURIAL — TRANSIT PERMIT

MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased Mary C[illegible] K[illegible] No.

Cause of death Congestive heart failure

Place of death Oakland County (County) Bloomfield Twp. (Township or village or city)

Date of death October, 19, 1959 19 Race White Sex Female Age 77

Method of disposal Transportation & burial (Whether burial, cremation, storage, etc.) Sparta Cemetery (Cemetery or crematory)

County Noble County State Indiana.

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given

to Dwight C. Baldwin The [illegible] H. Hamilton Co. (Funeral director or person acting as such) Address Birmingham, Michigan

to dispose of body of said deceased.

Signature Dwight C Baldwin [illegible] 2715 Date Oct., 19, 1959 19

(Check one: ☐ Registrar, ☐ Funeral Director, ☒ Mortuary Science Licensee)

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was (State whether cremated, buried, stored, etc.) on 19 in (Cemetery or crematory)

Place Signature (Sexton or person in charge)

This permit must be endorsed by the sexton (*or by the funeral director or Mortuary Science licensee where there is no sexton*) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)

READ CAREFULLY

REGISTRAR: This burial-transit permit may be issued only upon receipt of a completed death or stillbirth certificate. Burial permits when endorsed and returned by sexton, funeral director, or mortuary science licensee, will be filed permanently with the registrar of the district in which the burial takes place.

FUNERAL DIRECTOR OR MORTUARY SCIENCE LICENSEE: The burial-transit permit is required for transportation and any manner of disposition of a dead body including interment, storage and cremation. A permit is required for each stillbirth, before disposal of the body.

Under no circumstances shall a funeral director or mortuary science licensee, issue a burial-transit permit to anyone other than himself, and then only according to the provisions of Rules 4 and 5, "Governing the Transportation and Disposition of Dead Bodies."

When the body is to be transported by common carrier, the burial-transit permit shall be issued in duplicate. The original shall be attached to the shipping case in a strong envelope. As a safeguard against loss in transit, the duplicate, so labelled, shall be mailed to the funeral director at destination, or handed to him by the escort traveling with the body.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit is deposited with him. (The sexton may accept the permit of any state and of the District of Columbia, as authorization for burial).

All permits must be endorsed, recorded in the sexton's register, and forwarded by the sexton within seven days to the registrar for your district.

If the body is buried in a cemetery having no sexton in charge, the funeral director or mortuary science licensee shall sign the burial-transit permit and file it within three days with the registrar of the district in which the cemetery is located.

B-26—9-52—25M

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
~~Preparation and Preservation~~
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
~~Casket~~

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
Total (A) _____

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 15[illegible]

_____ 195__

Full name of deceased _____ Age _____

Deceased is _____ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ _____

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ _____

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ _____

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

_____
Signature of Purchaser

_____
Address

L. H. MOORE FUNERAL HOME

By _____

_____
City State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/22/54	25500	25500	—
		Paid in Full	
		Refunded	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Ivan Duane Taylor
(NAME OF DECEASED)

372-34-2372
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE Sept. 28 19 57

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Glenn Taylor

in Burial Space Five (5) Lot W Section 1, Recorded in the name of

Vault size Concrete Vault

Grave opening to be ready by 1:00 A.M./P.M. Date Wednesday Sept 20 19 57

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 25.00 for grave opening

[illegible] Kimmell, Funeral Directors

(Signatures of relatives or legal representatives.) (Address and relationship to deceased or authority to sign.)

Funeral Director H. Ware Funeral Home, Kimmell, Ind. Number

RECORD OF FUNERAL

No. 183

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Irvin (Middle) Duane (Last) Taylor

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: RR 2 Syracuse

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH COUNTY La Grange STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Grange | LENGTH OF STAY (in this place) 6 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LaGrange Co. Hospital

DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1959 (Hour) 9 AM

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Ethel | Age of husband or wife if alive: years

DATE OF BIRTH: May 14, 1900 | AGE (In years last birthday) 59 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. | KIND OF BUSINESS OR INDUSTRY: Boat Livery

BIRTHPLACE (State or foreign country): Michigan | CITIZEN OF WHAT COUNTRY? USA

FATHER'S NAME: Duane Taylor

MOTHER'S MAIDEN NAME: Lottie Graham

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature: Ethel Taylor

Address: RR 5 Coldwater, Mich. | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal | DATE: Sept 30 1959

Cemetery: Sparta

Location: Kimmell

County: Noble State: Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Dr. R. F. Stultz

Address: LaGrange Phone No.

SURVIVED BY: Widow, Ethel Phone No.

Town Home at time

Sister: Mrs. Goldie Harmon, Angola

Mrs. Jos Banks, Wauseon, Ohio

Mrs. Sarah Traylor, Reading, Mich.

1 Bro - Raymond Taylor, Battle Mountain, Nevada.

RELIGION: Protestant

CLERGYMAN: Rev Hubert Yoder

Address: RR 2 Syracuse Ind. Phone No.

FUNERAL DATE: Wed. Sept 30, 1959

TIME: 2 pm

PLACE: Harmon Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS: Clio Crandall, Mac Voorus, Stanley Tice, Earl Evans, Bob Kennedy, Robert George

FUNERAL DIRECTED BY: L Harmon License No. 1752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
	Total	
Total Cash Advances		
Discount (if not figured in operation cost)		
	Total Net Cost of Funeral ☞	
	Gross Profit on Funeral	
**Less Operation Cost per Funeral		
	Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

595 00/100

Outside Receptacle 95 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 690 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 250 00/100
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B) 250 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 188

23 Aug. 1952

Full name of deceased [illegible] Age [illegible]

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ [illegible]

(B) Accommodation Items . . . . . $ [illegible]

Total (A & B) $ [illegible]

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms [illegible]

[illegible] Oct 12 1956

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

L. H. MOORE FUNERAL HOME

By [illegible]

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Paul Ernest Bertram
(NAME OF DECEASED)

305-03-9074A
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 157

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Paul (Middle) E. (Last) Bertram

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CAUSE OF DEATH Nephritis - cardiac fracture

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Twp

LENGTH OF STAY (in this place) 15 yrs.

AUTOPSY YES ☐ NO ☒

PHYSICIAN James A. Chase, M.D.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cromwell

Address Phone No.

SURVIVED BY Phone No.

Sons - Leslie - Wintersville N.J.
Russell H. - Cromwell
Paul E. Jr. - Ft. Wayne
1 dau. dt. Mrs. Beatrice Elliott Ste Grange
6 grand children
16 great grand children

DATE OF DEATH (Month) Sept (Day) 20 (Year) 1959 (Hour) 10:45 P

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower

Name of husband or wife Anna | Age of husband or wife if alive years

DATE OF BIRTH June 1, 1959 | AGE (In years last birthday) 85 | If Under 1 Year: Months, Days, Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | KIND OF BUSINESS OR INDUSTRY Wood Working Industry

BIRTHPLACE (State or foreign country) Michigan | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Henry Bertram

MOTHER'S MAIDEN NAME Henrietta Walters

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No | SOCIAL SECURITY NO. 305-03-4074-A

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Beatrice Elliott

Address Lagrange Ind RR 3 | Relationship to the deceased daughter

PLACE OF BURIAL / Cremation or Removal

Cemetery Syracuse | DATE 9/23 1959

Location Syracuse

County Kosciusko State Ind.

RELIGION Lutheran

CLERGYMAN Rev. Raymond C. Nelsen

Address Cromwell Phone No.

FUNERAL DATE Sept 23, 1959 Wed.

TIME 2:00 P.M.

PLACE L. B. Moore Funeral Home

FRATERNAL AFFILIATIONS Masons & Eastern Star

SINGERS

BEARERS grandchildren

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. B. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____ 1145.00
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Form OA-C719
(4-53)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R461.1.

It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

L. H. Moore Funeral Home

Cromwell. Ind.

Paul Bertram
(Name of deceased)

305-03-9074
(Social security account number)

16—67257-3 GPO

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

679 00

Outside Receptacle 75 00

Clothing . . . . .
Foot Wear . . . . .
. . . . .
Total (A) 774 00

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .
Total (B) 25 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
Total (C)

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 187

21 Sept 1959

Full name of deceased Paul F. Linton Age 50

Deceased is Father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 774 00

(B) Accommodation Items . . . . . $ 25 00

Total (A & B) $ 799 00

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 799 00

My, or our, preference for settlement is:

Terms 1/3 52 Disc if paid in full on or before Oct 1 1959 1/3 by 1960

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-26-59	79 9 00	79 9 00	0 0
		Paid in full	
		1/11/60	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 186

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Charles (Middle) L. (Last) Archer

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparta Township

STREET ADDRESS (If rural, give location) Sparta Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CAUSE OF DEATH Heart ailment

CITY OR TOWN (If outside corporate limits, write RURAL and give township) RR1 Cromwell | LENGTH OF STAY (In this place)

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Robert C. Stone

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Address ~~Rome~~ Ligonier Phone No.

SURVIVED BY 4 daughters Phone No.

Mrs. Charles Smith, Ft. City – Mrs. Maurice Wolf, Kimmell

Mrs. James Archer – S. Bend. Mrs. Thelma Sparks, Warsaw

2 sons – F. Wayne Archer – Cromwell

Cecil Archer – Warsaw

2 sisters – Mrs Edith Spaarow, Cromwell

Anna L. Archer, So Bend.

1 brother – Edgar Archer – Ft

DATE OF DEATH (Month) Sept. (Day) 11 (Year) 1959 (Hour) 2:30 P.

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Josephine | Age of husband or wife if alive

DATE OF BIRTH June 5 1884 | AGE (In years last birthday) 75 | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | KIND OF BUSINESS OR INDUSTRY Farm Owner

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Simeon P. Archer

MOTHER'S MAIDEN NAME Luella Crago

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 311-38-9713

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Josephine Archer

Address RR1 Cromwell, Ind | Relationship to the deceased wife

RELIGION

CLERGYMAN

Address Phone No.

FUNERAL DATE

TIME 2:00 P.M.

PLACE L. A. Moore Funeral Home

FRATERNAL AFFILIATIONS Masons

SINGERS

BEARERS

PLACE OF BURIAL Cremation or Removal Cemetery Sparta Location Kimmell County Noble State Indiana | DATE Left in 19 59

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. A. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	136.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Charles L. Archer
(NAME OF DECEASED)

311-38-9713
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

749 00/100

Outside Receptacle 95 00/100

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 844 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 156

12 Dec 1957

Full name of deceased _____ Age _____

Deceased is _____ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 844 00/100

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ 844 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 844 00/100

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

_____
Signature of Purchaser

_____
Address

_____
City State

L. H. MOORE FUNERAL HOME

By _____

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
9/15/50	44/4/00	8-9-00	1 5 00 Disc
		7/7 Full	
		16/1/59	
		9/15/59	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 155

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Coe (Middle) Fred (Last) Haver
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): STATE Ind COUNTY Noble PHONE

PLACE OF DEATH: COUNTY Noble STATE Ind
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell
LENGTH OF STAY (In this place):
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1959 (Hour) 5:15A

SEX: male | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Lizzie Ann | Age of husband or wife if alive: years

DATE OF BIRTH: Feb. 27, 1877 | AGE (In years last birthday) | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | KIND OF BUSINESS OR INDUSTRY: Gro. 45yrs

BIRTHPLACE (State or foreign country): Richmond Ohio | CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: James Haver

MOTHER'S MAIDEN NAME: Sarah Horn

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 305-03-4598

BRANCH OF SERVICE (Army, Navy or Marine): (Regiment, Company or Command):

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Lizzie A. Haver
Address: Kimmell | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal: DATE: Aug 23, 1959
Cemetery: Sparta
Location: Kimmell
County: Noble State: Ind

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH
AUTOPSY YES ☐ NO ☒
PHYSICIAN Dr. Robert C. Stone
Address Syracuse, Ind. Phone No.
SURVIVED BY Phone No.
Widow - Lizzie
Nephew Elmer VanLear - Garrett

RELIGION Protestant
CLERGYMAN Rev. Eugene Brown
Address Kimmell Phone No.
FUNERAL DATE August 23, 1959 Sunday
TIME 2:00 P.M.
PLACE Sparta Church
FRATERNAL AFFILIATIONS Masons

SINGERS

BEARERS Robert McClure, Enoch Shiels, Clarence Harmon, Dale Zorich, Eminisch McLaflin, Mr. Stewart

FUNERAL DIRECTED BY L. P. Mann License No. 1752
EMBALMER'S LICENSE NO. #180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	189.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

DETACH THIS REMITTANCE ADVICE BEFORE DEPOSITING CHECK
MUTUAL BENEFIT DEPARTMENT

IN PAYMENT OF

Claim No. 10601 - Policy No. 1024 ..... $ 1,000.00

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Coe T. Haven
(NAME OF DECEASED)

705-03-4598
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

13

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 185

21 August 1959

Full name of deceased Cor Fred Haver Age

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 891 00/100

Outside Receptacle 95 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .
Total (A) 991 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00/100
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman 10 00/100
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .
Total (B) 35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
Total (C)

Total Amount

(A) Services, including merchandise . . . $ 991 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 1026 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1026 00/100

My, or our, preference for settlement is:

Terms 1/17 93/ Discount if paid in full on or before Sept. 4, 1959 Net 30 days

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
	12-		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 13

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) James (Middle) E (Last) Bowling

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne

STREET ADDRESS 508 1/2 E Berry (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Allen PHONE

PLACE OF DEATH COUNTY Allen STATE Ind.

CAUSE OF DEATH

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne | LENGTH OF STAY (In this place)

AUTOPSY YES ☐ NO ☑

PHYSICIAN Coroner

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Address Phone No.

SURVIVED BY Phone No.

2 sons Larry & Lyle
2 Brothers Ira - Toledo - Snyder - Ft. Geo. Ind.
Hulen - Petersburg Mich
4 sisters - Mrs. Jessie Taylor - Kimmell
Mrs Celona Johnston, Wingate Mrs Jacob
Portella S - Toledo & Mrs Athlene Fulton - Atlanta
2 grandchildren

DATE OF DEATH (Month) Aug. (Day) (Year) 1959 (Hour)

SEX male | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Oct. 27 1905 | AGE (In years last birthday) 53 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most ~~of~~ working ~~life~~, even if retired) Construction Work | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME James Bowling

MOTHER'S MAIDEN NAME Lizzie Belle Murphy

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Larry Bowling
Address Cromwell, Ind. | Relationship to the deceased son

RELIGION Baptist
CLERGYMAN Rev. Ronald Holcomb
Address Avilla Phone No.
FUNERAL DATE Wednesday August 12, 1959
TIME 1:00 PM
PLACE Wilson Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Larry's Classmates

PLACE OF BURIAL Cremation or Removal | DATE
Cemetery Spartanburg | 12 Aug 1959
Location Kimmell
County Noble State Indiana

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY A. Moore License No. 1752
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	89.00	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

STATEMENT

Anna C. McComb
David O. McComb, II
Walter A. McComb

Ambulance Service
Funeral Home
Lady Assistant

D. O. McCOMB & SONS

FUNERAL DIRECTORS

Phone A-2182

1140 LAKE AVE. FORT WAYNE 3, IND.

James E. Bowling - 8-10-59

Balance due: $128.00

Utility Case - (steel tank)	$56.00
Disaster pouch	21.50
17# disinfectant chemical	25.50
Pick up	10.00
Preparation	15.00

Everything listed is at our cost.

Paid in full
8-10-59
Anna C. McComb

Birth date
Date of Funeral

Form OA-C719
(4-53)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R461.1.

It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

James E. Bowling
(Name of deceased)

290-01-9965
(Social security account number)

L. H. Moore Funeral Home,

Cromwell, Ind.

16—67357-3 GPO

763

FEDERATED

12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 184

11 Nov 1959

Full name of deceased Mrs E. Bowlin Age 53

Deceased is Father (Give relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	460 00/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
Total (A)	555 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25 00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
D. C. Inc. Comb. Items	128 00/100
Total (B)	153 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) Services, including merchandise . . . $ 555 00/100

(B) Accommodation Items . . . . . $ 153 00/100

Total (A & B) $ 708 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 708 00/100

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Mary Bowlin
Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5/11/59	708.00	25.00	683.00
5/18/59	683.00	683.00	0
		Pd in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 183

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mary Kathryn (Middle) Volene (Last) Dull

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location) Maple Avenue

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Ind.

CAUSE OF DEATH Embolism to Heart

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell | LENGTH OF STAY (in this place) 22 yrs.

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Robert C. Stone

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maple Avenue

Address Syracuse Ind. Phone No.

SURVIVED BY Husband Phone No.
2 daughters - Mrs Donald S Kable, Goshen
Mary Kathryn at home
father - Vern Lindsey
1 Bro - William (Bud) Lindsey - Flora, Ill.
2 sisters - Mrs. Erma Caldwell - Cromwell
Mrs. Marvin DeBruler - Ft Wayne, Ind.
7 grandchildren

DATE OF DEATH (Month) August (Day) 7 (Year) 1959 (Hour) 1:20 P

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married

Name of husband or wife Arnold. | Age of husband or wife if alive years

DATE OF BIRTH April 24, 1909 | AGE (In years last birthday) 50 | If Under 1 Year: Months Days Hours Min. | If Under 24 Hrs.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Vern Lindsey

MOTHER'S MAIDEN NAME Mary Anderson

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Arnold Dull
Address Kimmell | Relationship to the deceased Husband

PLACE OF BURIAL (Cremation or Removal) DATE 8-10 1959
Cemetery Sparta
Location Kimmell
County Noble State Ind.

RELIGION Protestant
CLERGYMAN Rev. Larry Devine
Address Wabash, Ind. Phone No.
FUNERAL DATE Monday Aug 10, 1959
TIME 2:00 P.M.
PLACE L.H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Lyle Swanson, Doug. Foster
Ralph Brick, Kbg Hewitt
John Moore, John Umbaugh

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L.H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	99.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

11

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 183

June 7 1959

Full name of deceased Violene Dull Age

Deceased is wife of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595 00/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
Total (A)	690 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) Services, including merchandise . . . $ 690 00/100

(B) Accommodation Items . . . . . $

Total (A & B) $ 690 00/100

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms Discount $11 9% if pd in full on or before June 25 1959

Legal rate of interest after maturity 6

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D. F. 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5-15-54	64 00	64 00	-0-

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 182

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ray (Middle) C. (Last) Myers

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleveland

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ohio COUNTY PHONE

PLACE OF DEATH

COUNTY Cuyahoga STATE Ohio

CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. Cleveland

LENGTH OF STAY (in this place) 4 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Huron Road Hospital

DATE OF DEATH (Month) August (Day) 3 (Year) 1959 (Hour) 6 A.M.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Zella

Age of husband or wife if alive

DATE OF BIRTH April 2, 1888

AGE (In years last birthday) 71

If Under 1 Year: Months Days Hours Min.

If Under 24 Hrs.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor

KIND OF BUSINESS OR INDUSTRY N.Y.C. R.R.

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Charles Myers

MOTHER'S MAIDEN NAME Belle Boyer

WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs Emma Schad

Address Cleveland 5

Relationship to the deceased Sister in Law

PLACE OF BURIAL

Cremation or Removal

Cemetery Bolt Park

Location Tipp City

County Miami State Indiana

DATE Aug 6 1959

CAUSE OF DEATH Pulmonary Embolism

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Phone No.

SURVIVED BY widow Zella Phone No.

1 son Richard Myers, Calif.

1 daughter Mrs Helen Lush - Cleveland

1 Sister - Jacob Boyer of E. Elkhart

4 grandchildren

RELIGION Methodist

CLERGYMAN Rev. Edward C. Hayes

Address Cleveland Phone No.

FUNERAL DATE Aug 6, 1959 Thursday

TIME 2:00 P.M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Howard Bitner, Wilbert Hard

James Mychael, Neal Horta

Hugh Geiger, Glenn Ferguson

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

[illegible] OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 125.00

Outside Receptacle 75.00

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 220.00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25.00
Additional Autos . . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) 35.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FEDERATED

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 182

5 August 1959

Full name of deceased [illegible] Age [illegible]

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 220.00

(B) Accommodation Items . . . . . $ 35.00

Total (A & B) $ 255.00

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 255.00

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
Gift	25 5 00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 181

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jesse (Middle) Emanuel (Last) Click

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location) College St.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CAUSE OF DEATH Coronary occlusion

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

LENGTH OF STAY (in this place) 77 yrs.

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. C. F. Stutz

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Address Syracuse Phone No.

SURVIVED BY widow Josie Phone No.

2 sons Merle - Ft. Wayne
Glenn - Cromwell
2 grandchildren

DATE OF DEATH (Month) July (Day) 30 (Year) 1959 (Hour) 11:00 A

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Josie | Age of husband or wife if alive years

DATE OF BIRTH Sept. 18 1874 | AGE (In years last birthday) 84 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | KIND OF BUSINESS OR INDUSTRY farm owner

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Solomon Click

MOTHER'S MAIDEN NAME Mary Baker

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Glenn W. Click

Address Cromwell | Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal
Cemetery Mc Clintic | DATE Aug 2 1959
Location Wawasee
County Kosciusko State Ind.

RELIGION Protestant

CLERGYMAN Rev. Lemuel A Hager

Address Cromwell Phone No.

FUNERAL DATE August 2, 1959

TIME 2:00 P.M.

PLACE Stinson Funeral Home

FRATERNAL AFFILIATIONS None

SINGERS

BEARERS Orvin Ray - Jean Overton
Vassie, Everett - Harry Tom

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Stinson License No. 1752

EMBALMER'S LICENSE NO. 4120

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	167.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 181

Co. 11, 1959

Full name of deceased [illegible] Age 64

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 766 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 791 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms [illegible]

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By [illegible]

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

671 00/100

Outside Receptacle 75 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 766 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

25 00

Cemetery Charges . . . .
Additional Autos . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .

Total (B) 25 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

TRIPLICATE Form D. F. 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3-12-59	29 55	29 11	00

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 15c

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Carl (Middle) Elmer (Last) Sparrow

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen Hospital

LENGTH OF STAY (in this place) 2 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) June (Day) 27 (Year) 57 (Hour)

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☐

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.

Wife - Edith

Sister - Elizabeth Friend, Nye.

SEX M. COLOR OR RACE W. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~

Name of ~~husband~~ or wife Edith L

Age of ~~husband~~ or wife if alive 71 years

DATE OF BIRTH Sept. 1884 AGE (In years last birthday) 72 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer KIND OF BUSINESS OR INDUSTRY Retired

BIRTHPLACE (State or foreign country) Garrett - DeKalb Co. CITIZEN OF WHAT COUNTRY? U.S.

FATHER'S NAME Henry Sparrow

MOTHER'S MAIDEN NAME Emma Schiabarack

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 315-20-7225

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Edith Sparrow

Address Relationship to the deceased Wife

RELIGION Protestant

CLERGYMAN Rev. Peters

Address Cromwell Phone No.

FUNERAL DATE Friday June 30 57

TIME 2 P.M. D.S.T.

PLACE F. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

(Old Rugged Cross & Safe in the Arms of Jesus)

BEARERS 2. Boys

PLACE OF BURIAL Cremation or Removal Cemetery Sparta DATE June 30 1957

Location Kendall

County Kosciusko State Ind.

CEMETERY LOT NO. 645 Owner of Lot

Section 5 Grave No. 2

FUNERAL DIRECTED BY F. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Carl Oliver Sparrow
(NAME OF DECEASED)

315-20-7225
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

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TRIPLICATE Form D. F. 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

373.00

Outside Receptacle 95.00

Clothing . . . . . ———

Foot Wear . . . . . ———

. . . . . ———

Total (A) 468.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . ———

Additional Autos . . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) ———

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) ———

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 180

Jan. 27 1959

Full name of deceased Carl Oliver Hyatt Age 74

Deceased is Husband of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 468.00

(B) Accommodation Items . . . . . $ ———

Total (A & B) $ 468.00

* (C) Additional items ordered later . . . $ ———
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 468.00

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ———

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/13/54	46 8 00	46 8 00	- 0 -

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 179

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Bertha (Middle) E. (Last) Hasenack

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kondas Nursing Home

DATE OF DEATH (Month) June (Day) 5 (Year) 1959 (Hour) 1:30 P

SEX female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife John | Age of husband or wife if alive

DATE OF BIRTH Aug 6, 1877 | AGE (In years last birthday) 81 years | If Under 1 Year: Months Days | If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME John Foster

MOTHER'S MAIDEN NAME Caroline Floyd

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Mrs. Ray Price

Address RR Cromwell | Relationship to the deceased Daughter

PLACE OF BURIAL Cremation or Removal Cemetery Sparta | DATE June 8 1959

Location Cromwell

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☐

PHYSICIAN Dr. H. F. Clutz

Address Syracuse, Ind. Phone No.

SURVIVED BY Son Cyril Hasenack Phone No.

daughter Mrs. Ray Price

7 grandchildren

41 great grandchildren

RELIGION Methodist

CLERGYMAN Rev. Robert Wright

Address Cromwell, Ind. Phone No.

FUNERAL DATE June 8, 1959 Monday

TIME 2:00 P.M.

PLACE Cromwell Methodist church

FRATERNAL AFFILIATIONS

SINGERS Delbert & Mildred Ford

BEARERS Cleo Cowles, Adison Gerber, Claude Swartz, Harold Butner & Clarence Albright, Glenn Clark

FUNERAL DIRECTED BY L. H. Moore License No. 1952

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyright

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		1200.00
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

7

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No 179

June 1957

Full name of deceased Ella Jane Hill Branch Age 81

Deceased is mother (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 844 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 869 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 869 00/100

My, or our, preference for settlement is:

Terms 15% Discount if paid in full on or before June 21, 1959

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

749 00/100

Outside Receptacle 95 00/100

Clothing . . . . .

Foot Wear . . . . .

. . . . .

Total (A) 844 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00

Additional Autos . . . . .

Telegrams . . . . .

Long Distance Telephone Calls .

R. R. Transportation . . . .

Flowers . . . . .

Clergyman . . . . .

Special Music . . . . .

Obituary Notices . . . . .

. . . . .

. . . . .

. . . . .

. . . . .

Total (B) 25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .

. . . . .

. . . . .

. . . . .

. . . . .

. . . . .

. . . . .

. . . . .

Total (C)

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/6/54	86.00	86.00	-0-

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 178

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Annabelle (Middle) (Last) Naggins

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lomita

STREET ADDRESS (If rural, give location) 24346 Lucille Ave.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE California COUNTY Los Angeles PHONE

PLACE OF DEATH COUNTY Los Angeles STATE Calif

CAUSE OF DEATH Coronary Occlusion

AUTOPSY YES ☐ NO ☒

CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Pedro

LENGTH OF STAY (In this place)

PHYSICIAN

Address Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

SURVIVED BY Husband Phone No.

Parents - Orval D & Nora Hussey - Cromwell Ind

Bro - Paul J. Hussey - Cromwell

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
May	9	1959	2:30a

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Female	White	married

Name of husband or wife: Ralph

Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
July 11, 1921	37				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME: Orval D Hussey

MOTHER'S MAIDEN NAME: Nora Clouse

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this Item)

Signature Ralph Naggins

Address 24346 Lucille Ave. Lomita Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal Cemetery Forest Lawn Hollywood Hills DATE 5-13-1959

Location

County Los Angeles State California

RELIGION Lutheran

CLERGYMAN Rev. George Schroyer

Address Millersburg Phone No.

FUNERAL DATE May 13, 1959 - Wednesday

TIME 3:00 PM

PLACE Hussey Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Edgar Hussey, Roger Hunt (Pallbearers) Jack Johns, Phil Davis, Ed Adams by Ira Hussey

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY J. Hussey License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

DECEDENT DATA

NAME OF DECEDENT			DATE OF DEATH
Donabelle Duggins			May 9, 1959
SEX	**COLOR OR RACE**	**BIRTHPLACE (STATE OR FOREIGN COUNTRY)**	**DATE OF BIRTH**
Female	Cauc	Indiana	July 11, 1921
PLACE OF DEATH—CITY OR TOWN		**PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)**	
San Pedro		Los Angeles	

DISPOSITION

CHECK ONE: [X] BURIAL Removal [ ] ENTOMBMENT [ ] CREMATION [ ] DISINTERMENT AND REINTERMENT

NAME AND ADDRESS OF CEMETERY OR COLUMBARIUM WHERE REMAINS ARE TO BE INTERRED: Sparta Cemetery, Cromwell, Ind.

FUNERAL DIRECTOR AND INFORMANT

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	NAME OF SPOUSE OR OTHER INFORMANT	ADDRESS OF SPOUSE OR OTHER INFORMANT
Cleveland's San Pedro	Ralph Duggans	24346 Lucille Ave Lomita Calif

LOCAL REGISTRAR

In accordance with provisions of the California Health and Safety Code permission is hereby granted for disposition as specified in this permit.

DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR
MAY 11 1959	Ron D. Gilbertson Ellen P Thurnell Dy

CEMETERY OR COLUMBARIUM

DATE CREMATED OR INTERRED	SIGNATURE OF PERSON IN CHARGE OF CEMETERY OR COLUMBARIUM

SEE INSTRUCTIONS ON REVERSE

REV. 1-1-57. FORM R&S-9

USE OF PERMIT

PERMIT FOR BURIAL, ENTOMBMENT OR CREMATION:

Upon presentation of a satisfactory and complete certificate of death, a permit is issued by the Local Registrar of the district in which the death occurred or the body was found. The permit shall accompany the remains to the place of burial, entombment or cremation specified in the permit. This permit is the only authority required for the transportation of human remains. A permit issued in this State is valid and sufficient in any county it specifies as the place of interment, subject to the payment of any interment fees required by local law. The person in charge of the cemetery or columbarium shall complete and sign the permit in the spaces provided and forward the permit within 10 days to the Local Registrar of the district in which the cemetery is located.

PERMIT FOR DISINTERMENT AND REINTERMENT:

The permit is issued in duplicate by the Local Registrar of the district where the remains are to be disinterred upon written application as provided by law and the payment of the fee of $0.50. One copy of the permit shall be given to the person in charge of the cemetery or columbarium where the remains are to be disinterred. The other copy of the permit shall accompany the remains to the place of reinterment specified in the permit. This permit is the only authority required for the transportation of human remains. A permit issued in this State is valid and sufficient in any county it specifies as the place of reinterment, subject to the payment of any interment fees required by local law. The person in charge of the cemetery or columbarium where the remains are reinterred shall complete and sign the permit in the spaces provided and forward the permit within 10 days to the Local Registrar of the district in which the cemetery is located.

△ SPO

AA FORM AC-1D
PRINTED IN U.S.A.

AMERICAN AIRLINES, Inc.

AIRfreight

UNIFORM AIRBILL
NON-NEGOTIABLE

AIRBILL NUMBER (INSERTED BY CARRIER)

01- LAX - 172780

FROM (CONSIGNOR)
CLEVELAND FUNERAL HOME

CONSIGNOR'S STREET ADDRESS
550 WEST 6TH STREET

CITY ZONE STATE
SAN PEDRO CALIFORNIA

BY
X

CONSIGNOR'S NO.

TO (CONSIGNEE)
LLOYD H HOOKE FUNERAL HOME

CONSIGNEE'S STREET ADDRESS

CITY ZONE STATE

DESTINATION AIRPORT CITY

CONSIGNEE'S NO.

DECLARED VALUE
$ 1000

Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

Routing: Airline Routing Applies Unless Shipper Inserts Specific Routing Here

RECEIVED BY CARRIER AT (CHECK ONE)
☐ CONSIGNOR'S DOOR ☐ CITY TERMINAL ☒ AIRPORT TERMINAL

DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below.
☐ CITY TERMINAL ☒ AIRPORT TERMINAL

CHARGES (CHECK ONE)
PREPAID ☒ COLLECT ☐

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	AIRLINE ROUTING TO	AIRLINE ROUTING VIA	RATE	CHARGES
1	HUMAN REMAINS OF	416	LAX	A.A.	150 70	138 74
	DORA DOGGINS					
	Instructions to Carrier					
	(OUTPUT CONSIGNEE ON ARRIVAL)					

IMPORTANT: Write or print clearly. Weights are subject to correction.
Carrier will complete all items below bold line **EXCEPT CONSIGNOR'S C. O. D.**

DIMENSIONS _____ X _____ X _____ = _____ CU. IN. ==

DIMENSIONAL WEIGHT

$_____ RECEIVED TO APPLY IN PREPAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY _____ AGENT

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are filed in accordance with law. Said classifications and tariffs, copies of which are available for inspection by the parties hereto, are hereby incorporated into and made part of this contract.

Carriage hereunder is subject to the rules relating to liability established by the Convention for the Unification of Certain Rules relating to International Carriage by Air, signed at Warsaw, October 12, 1929, unless such carriage is not "international carriage" as defined by the convention (See Carrier's tariffs for such definition).

Agreed stopping places are those places (other than the place of destination) shown under Routing on Airline Routing and/or those places shown in carrier's time table as scheduled stopping places for the route.

RECEIVED BY
AMERICAN AIRLINES, INC.
Agent (NAME OF AIR CARRIER)
(SIGNATURE OF AGENT)
At
Date 5/11/A(59) 19 Time 1715 A. M. P. M.

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
Weight - Rate Charge	138 74	
Pick up Charge	— —	
Delivery Charge	— —	
Excess Value Transportation Charge	80	
Transportation Charges Advanced	— —	
Sub-Total		
Transportation Tax		
Other Charges Advanced		
CONSIGNOR'S C. O. D.	XX X	
C. O. D. Fee		
Insurance Charge		
TOTAL CHARGES NC	139 54	

☐ CASH ☐ CHARGE

5 CONSIGNEE'S MEMO—NOT AN INVOICE 04/11/[illegible]

763

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 178

12 May 1959

Full name of deceased Lorabelle Burgin Age 37

Deceased is wife of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
~~Casket~~ 150 00/100

Outside Receptacle 95 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 245 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . .
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B)

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

(A) Services, including merchandise . . . $ 245 00/100

(B) Accommodation Items . . . . . $

Total (A & B) $

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 245 00/100

My, or our, preference for settlement is:

Terms

Legal rate of Interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4-1954	24500	24500	-0-

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 177

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Milton (Middle) C. (Last) Swaggar

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Wayne PHONE

PLACE OF DEATH COUNTY Wayne STATE Indiana

CAUSE OF DEATH Broncho Pneumonia

AUTOPSY YES ☐ NO ☑

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond | LENGTH OF STAY (in this place) 62 yrs.

PHYSICIAN

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Richmond State Hospital

Address Phone No.

DATE OF DEATH (Month) April (Day) 27 (Year) 1959 (Hour) 11:30 A

SURVIVED BY Phone No.

2 sons Robert J. Lagonia
William F. Twin Lake City

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Minnie | Age of husband or wife if alive years

DATE OF BIRTH Aug 14, 1880 | AGE (In years last birthday) 79 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Illinois | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Joseph Swagger

MOTHER'S MAIDEN NAME Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Robert J. Swagger

Address Lagonia, Ind. | Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal Cemetery Dick Park | DATE 4-26 1959

Location Lagonia

County Lake State Ind.

RELIGION Methodist

CLERGYMAN Rev. Robert Wright

Address Cromwell Phone No.

FUNERAL DATE Sunday - April 26, 1959

TIME 1:30 P.M.T.

PLACE D. H. Moore Funeral Home

FRATERNAL AFFILIATIONS Methodist Church

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY D. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	126.31
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Milton J. Swoger
(NAME OF DECEASED)

[redacted]
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

TRIPLICATE Form D F'22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

749 00/100

Outside Receptacle 95 00/100

Clothing 21 45

Foot Wear . . . . . ———

. . . . . ———

Total (A) 865 45/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 40 00

Additional Autos . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) 40 00

(C) ADDITIONAL ITEMS ORDERED LATER

Undertaker's service 1 10

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) 1 10

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 177

August 1957

Full name of deceased Linton S. Swagger Age 70

Deceased is father (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 865 45/100

(B) Accommodation Items . . . . . $ 40 00/100

Total (A & B) $ 910 45/100

* (C) Additional items ordered later . . . $ 1 10

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 906 45/100

My, or our, preference for settlement is:

Terms ———

———
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

———
Signature of Purchaser

———
Address

———
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4-29-59	9 0 6 45	9 0 6 45	- 0 -

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 176

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Elizabeth (Middle) (Jane) (Last) Phares

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (In this place) 12 hrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hospital

DATE OF DEATH (Month) April (Day) 6 (Year) 1959 (Hour)

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH April 6, 1871 | AGE (In years last birthday) 88 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Illinois | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Unknown Mawhinney

MOTHER'S MAIDEN NAME ~~Unknown~~ Elizabeth Utley

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Lester Phares

Address Kimmell Ind. | Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal Cemetery Sparta | DATE 4/9 1959

Location Kimmell

County Noble State Indiana

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Justice

Address Kendallville, Ind. Phone No.

SURVIVED BY Phone No.

1 daughter Mrs. Merritt Hand - Kendallville
2 sons. Ely & Lester of Kimmell
Cecil - Wawaka
9 grandchildren - 26 great grandchildren

RELIGION Protestant

CLERGYMAN Rev. Fred Hill

Address Wawaka Phone No.

FUNERAL DATE Thursday April 9, 1959

TIME 2:00

PLACE Methodist Church, Kimmell

FRATERNAL AFFILIATIONS None Member Kimmell M. E. Church

SINGERS

BEARERS Grandchildren

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY E. A. Hoover License No. 1752

EMBALMER'S LICENSE NO. 4150

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	89.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

460 00/100

Outside Receptacle 95 00/100

Clothing 14 95

Foot Wear . . . . . _____

. . . . . _____

Total (A) 569 95/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

FEDERATED CEMETERY DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 176

April 195 7

Full name of deceased Elizabeth Haines Age 88

Deceased is Sister-in-law of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 569 95/100

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ _____

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 569 95/100

My, or our, preference for settlement is:

Terms 9 10 00/100 discount if paid in full on or before April 22, 1957

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____
Signature of Purchaser

_____
Address

_____
City State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

_____ _____ _____
Signature of Co-purchaser Street Address City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/10/54	56.95	40.00	16.95
4/27/54	16.95	16.95	0.00 Disc

RECORD OF FUNERAL

No. 175

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Lizzie (Middle) R. (Last) Hancock

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location) 1

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY La Grange STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolcottville

LENGTH OF STAY (in this place) Life

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) La Grange County Hospital

DATE OF DEATH (Month) March (Day) 31 (Year) 1959 (Hour)

SEX: Female

COLOR OR RACE: White

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

Name of husband or wife

Age of husband or wife if alive

DATE OF BIRTH: Mar. 5, 1883

AGE (In years last birthday): 76

If Under 1 Year: Months | Days

If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Michigan - Plainwell

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME: Orrin Dean

MOTHER'S MAIDEN NAME: Unknown Hop

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 304-40-9553A

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature

Address

Relationship to the deceased

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

Location Plainwell

County Noble State Ind.

DATE 19

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH Hypertensive Cardiovascular

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. C. J. Shultz

Address Sturgis Phone No.

SURVIVED BY 6 sons. Phone No.

Lyle S. Emmett, Clarence, Elbert, Kenneth, R.R. Allen - Thomas Thomas Dean - Clarence Ruth Lemmons, Inc. 2 daughters - Mrs. Ethel Arentsen Mrs. Pearl Longfield, Hastings, Minn.

18 gr. Cecil Allen - Colorado

1 sister - Geary Cope - Hillsdale, Mich.

19 gr. children & 25 great grand.

RELIGION U. B. Church Indian Village

CLERGYMAN Rev. Robt. Wright & Rev. Eugene Brown

Address Phone No.

FUNERAL DATE Friday, April 3, 1959

TIME 2:00 P.M.

PLACE Sparta Church

FRATERNAL AFFILIATIONS None

SINGERS ~~Do~~

BEARERS Grand children

FUNERAL DIRECTED BY Elmore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $ _____
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Form OA-C719
(2-57)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72-R461.1.

343 W. Wayne Street
Fort Wayne 2, Indiana

It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage. This information is needed in connection with a claim on the account of the deceased person named below.

L. H. Moore Funeral Home
Cromwell, Indiana

Jessie R.Gorsuch
(Name of deceased)

304-40-9553
(Social security account number)

16—67357-4 GPO

763

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 175

16 April 1959

Full name of deceased Louis R. Hancock Age 76

Deceased is mother (Give relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

899 00/100

Outside Receptacle 115 00/100

Clothing . . . . .
Foot Wear . . . . .
. . . . .

Total (A) 989 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00/100
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (B) 25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .

Total (C)

Total Amount

(A) Services, including merchandise . . . $ 989 00/100
25 00/100

(B) Accommodation Items . . . . . $ 101 7 00/100

Total (A & B) $

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

1014 17/100
Total Amount $ 17 58
996.42

My, or our, preference for settlement is:

Terms Discount 4/17 59 - paid in full on or before April 16, 1959 Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1-21-52	10 14 00	90 2 -2	1 9 5 2 Disk
		16 4 Full	
		1 1 11	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Glenn Lee Earnhart
(NAME OF DECEASED)

315-26-1523
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 174

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Glenn (Middle) Lee (Last) Earnhart

CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lake Wawasee

STREET ADDRESS (If rural, give location): Lake Wawasee

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH

COUNTY Kosciusko STATE

CAUSE OF DEATH Cerebral Hemorrhage

CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural RR 1 Syracuse

LENGTH OF STAY (In this place): 2 yrs.

AUTOPSY YES ☐ NO ☒

PHYSICIAN Coroner Dr. Willis Cox

Address Warsaw. Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SURVIVED BY 3 sons. Phone No.

Clair - Rural Cromwell, Nelson J. - Cromwell

Edgar - Harvard U.

2 Daughters - Mrs. Cedith Thompson, Mt. Vist Colo

Mrs. Rosalyn - Ft Wayne.

1 Brother - Andy RR 2 Albion

1 sister - Mrs Pearl Jones, Indianapolis

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Feb.	3	1959	3:00A

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	White	Widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Mar 15, 1891	67				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

KIND OF BUSINESS OR INDUSTRY: Farm owner

BIRTHPLACE (State or foreign country): Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME: Nelson Earnhart

MOTHER'S MAIDEN NAME: Loretta Heffner

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): No

SOCIAL SECURITY NO.: 315-26-1523

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Clair Earnhart

Address RR 1 Kimmell Ind | Relationship to the deceased: son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta DATE Feb 6 1959

Location Kimmell

County Noble State Ind.

RELIGION Protestant

CLERGYMAN Rev. Robert Wright

Address Cromwell Phone No.

FUNERAL DATE Feb 6, 1959 Friday

TIME 2:00 P.M.

PLACE Hanna Funeral Home

FRATERNAL AFFILIATIONS Cromwell Lodge 705 F+AM

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY Hanna License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	109.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

2

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

5 Feb. No. 1749

195

Full name of deceased Glenn L. Earnhart Age 67

Deceased is father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 752 50/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 777 50/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:
1/3% discount if paid in full

Terms on or before Feb. 20, 1959

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	657 50/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
	752 50/100
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
	25 00
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195___ Amt. $_____

Payment Received in Full _____ 195___ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/25/59	777 50	58 60	719 50
	~~319 50~~		
	772 50	488 06	289 44
	289 44	24 00	65 44
6/-/59	65 44	25 00	40 44
3/25/60	40 44	40 44	
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 173

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Jacob (Middle) Berton (Last) Himes

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Washington Twp.

STREET ADDRESS: (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Kosciusko STATE Indiana

CAUSE OF DEATH Complications Bronchial Pneumonia

AUTOPSY YES ☐ NO ☑

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Warsaw

LENGTH OF STAY (In this place)

PHYSICIAN Dr. Hostetler

Address Rt. Webster Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Prairie View Rest Home

SURVIVED BY 3 sons Phone No.
Earl, North Webster, Harvey RR1 Cromwell
Paul, Goshen
1 daughter - Mrs Wilbur Beck, Syracuse
1 Brother - Ronald - Evanston Ill.
1 sister - Mrs Cora Belle Himes, Ft Bend
7 grandchildren
11 great grandchildren

DATE OF DEATH: (Month) January (Day) 14 (Year) 1959 (Hour) 3.00 PM

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife: Emma | Age of husband or wife if alive: years

DATE OF BIRTH: May 23, 1867 | AGE (In years last birthday): 91 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer | KIND OF BUSINESS OR INDUSTRY: farm owner

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. A.

FATHER'S NAME: Abram Himes

MOTHER'S MAIDEN NAME: Jane Taylor

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Harvey Himes

Address RR1 Cromwell, Ind. | Relationship to the deceased: Son

RELIGION Methodist

CLERGYMAN Rev. L. Swords

Address North Webster Phone No.

FUNERAL DATE Sat. Jan 17, 1959

TIME 1:30 PM

PLACE Thomas Funeral Home

FRATERNAL AFFILIATIONS

SINGERS Hilda Stapleton

BEARERS Willis Kruse, Ed Colburn, Kenneth Hoult, John Beck, Howie Himes, Ray Hoult

PLACE OF BURIAL
Cremation or Removal
Cemetery Salem | DATE 1/17 1959
Location Wilmot
County Noble State Indiana

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. Thomas License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	99.99
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

439 00/100

Outside Receptacle 95 00/100

Clothing 24 80/100

Foot Wear . . . . . ____

. . . . . ____

Total (A) 758 80

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20.00

Additional Autos . . . . . ____

Telegrams 2.10

Long Distance Telephone Calls . . . . . ____

R. R. Transportation . . . . . ____

Flowers . . . . . ____

Clergyman . . . . . ____

Special Music . . . . . ____

Obituary Notices . . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (B) 22 10

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (C) ____

Total Amount

Form D-1-22 TRIPLICATE Copyrighted F. F. D. of A.

FEDERATED

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 173

15 January 1959

Full name of deceased C. Burton Hines Age 71

Deceased is father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 758 80/100

(B) Accommodation Items . . . . . $ 22 10/100

Total (A & B) $ 780 90/100

* (C) Additional items ordered later . . . $ ____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 780 90/100

My, or our, preference for settlement is:

Terms #12 78 discount if paid in full on or before Feb. 1, 1959

Legal rate of Interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By C. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1 9 59	7 - 0 72	1 - 12	1 2 72

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 172

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Hugh (Middle) W. (Last) Miller

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Allen STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) Ft. Wayne
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) V.A. Hosp.

CAUSE OF DEATH Squamous cell Ca. rt. lung
AUTOPSY YES ☑ NO ☐
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No.
1 son Keith K. Miller - Ft. Wayne, Ind.
1 daughter Mrs. Rosalie E. Fuller - Ft. Wayne
1 sister - Wayne C. Wilson - Cromwell
1 brother - Russell L. Miller - "
Mack A. Miller - "
7 grandchildren

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Dec.	27	1958	8:00A

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	Widower

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH 23 April 1900
AGE (In years last birthday) 58 years
If Under 1 Year: Months | Days | Hours | Min.
If Under 24 Hrs.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana
CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Jasper Miller
MOTHER'S MAIDEN NAME Lizzie Wyland

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of ser.) WWI
SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) Army
(Regiment, Company or Command) SATC Ind State College
ENLISTED 10-3-18
DISCHARGED 12-12-18
NAME OF WAR WWI
SERIAL NO. 4531698

INFORMANT (Hospitals follow Special Instructions on this item)
Signature
Address | Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
Location Rome City
County Noble State Ind.
DATE 19

RELIGION Protestant
CLERGYMAN Rev. Eugene Brown
Address Kimmell, Ind. Phone No.
FUNERAL DATE Dec. 30, 1958
TIME 2 P.M.
PLACE Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Leslie Robinson, Elmer Dekkenbrok, ~~Jim Colley~~, Everett Lint, Velva Reichhoff, Howard Crothers, Mike Snyder, Max Railsback

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. Kmoore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	59.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Moore Funeral Home
Cromwell, Ind.

Hugh Walter Miller
(NAME OF DECEASED)

309-10-6638
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 460 00

Outside Receptacle 95 00

Clothing 13 63

Foot Wear . . . . . ____

. . . . . ____

Total (A) 568 63

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00

Additional Autos . . . . . ____

Telegrams . . . . . ____

Long Distance Telephone Calls . ____

R. R. Transportation . . . . . ____

Flowers . . . . . ____

Clergyman . . . . . ____

Special Music . . . . . ____

Obituary Notices . . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (B) 25 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (C) ____

Total Amount

FEDERATED 20

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 172

28 Dec 1958

Full name of deceased Hugh W. Miller Age 58

Deceased is Brother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 568 63/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ ____

* (C) Additional items ordered later . . . $ ____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 593 63/100

My, or our, preference for settlement is:

Terms ____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ____

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/31/58	59363	3863	55500
2/1/59	55500	2000	35500
2/3/59	35000	10000	25000
2/5/59	25000	25000	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R233.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Dessie May Shock
(NAME OF DECEASED)

315-32-1807
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 171

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jessie (Middle) May (Last) Shock

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location) Sparta Twp.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

LENGTH OF STAY (in this place) 3 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. Paul Webster

Address Syracuse Phone No.

SURVIVED BY Phone No.

2 ~~sons~~ daughters. 825 West Mrs. Holliard Rd

Mrs. Mabel Jehner - Muncie

Mrs. Jessie MacRiderback, Kokomo, Ind.

1 son Fred Shock - Wawaka

4 grand children

1 great grand child

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
Dec	24	1958	

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
female	white	married

Name of husband or wife: Alvin

Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Dec. 2, 1882	76				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Ind.

CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME: Simon Dull

MOTHER'S MAIDEN NAME: Mary Moore

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. 315-32-1807

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Fred Shock

Address RR 2 by Syracuse, Ind. Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal Cemetery Sparta DATE 12/27 1958

Location Kimmell

County Noble State Ind.

CEMETERY LOT NO. 454 Owner of Lot Alvin Shock

Section Grave No. 4

RELIGION Protestant

CLERGYMAN Rev. Richard Huddleson - Presby.

Address Syracuse Phone No.

FUNERAL DATE Dec 27, 1958 Sat.

TIME 1:30 PM.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY L H Moore License No.

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		79.50
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

595 00

Outside Receptacle 95 00/100

Clothing . . . . . ———

Foot Wear . . . . . ———

. . . . . ———

Total (A) 690 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00

Additional Autos . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) 25 00/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) ———

Total Amount

FEDERATED 19

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 171

Fairview 195 8

Full name of deceased Isaac Wm Shock Age 76

Deceased is Brother of person arranging services.
(Give relationship)

(A) Services, including merchandise . : . $ 690 00

(B) Accommodation Items . . . . . $ 25 00

Total (A & B) $ 715 00

* (C) Additional items ordered later . . . $ ———
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ ~~715 00~~ 715 00/100

My, or our, preference for settlement is:

Terms 4% discount if paid in full on or before Jan. 15, 1959

Legal rate of interest after maturity

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/23/59	715 00	240 00	475 00
[illegible]	475 00	[illegible]	335 00
4/2/59	335 00	48 00	287 00
4/15/59	25 00	38 00	249 00
5/1/59	20 00	35 00	214 00
5/29/59	114 00	144 00	70 00
7/21/59	70 00	70 00	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 170

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Lewis (Middle) L (Last) Andrews

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Turkey Creek

STREET ADDRESS (If rural, give location): Tapakuchie Lake

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE: Ind. COUNTY: Roscuisko PHONE

PLACE OF DEATH COUNTY: Marion STATE: Ind.

CAUSE OF DEATH: Carcinoma of Lungs

AUTOPSY YES ☑ NO ☐

PHYSICIAN

Address Phone No.

SURVIVED BY Wife Edith Phone No.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Indianapolis

LENGTH OF STAY (in this place): 2 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Hospital room

DATE OF DEATH (Month) December (Day) 18 (Year) 1958 (Hour) 10 A

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Edith | Age of husband or wife if alive: years

DATE OF BIRTH: Aug 26 1885 | AGE (In years last birthday): 73 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman | KIND OF BUSINESS OR INDUSTRY: Borg Warner Bear

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. a.

FATHER'S NAME: John Andrews

MOTHER'S MAIDEN NAME: Lydia Lewis

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of ser.): WW I | SOCIAL SECURITY NO.: 307-05-8000

BRANCH OF SERVICE (Army, Navy or Marine): Army | (Regiment, Company or Command): 9/MC Candidate Co A"

ENLISTED: Dec. 13, 1917 | DISCHARGED: Nov. 28, 1918

NAME OF WAR: WWI | SERIAL NO.: 2254152

INFORMANT (Hospitals follow Special Instructions on this item) Signature: Mrs. Edith Andrews

Address: RR 2 Syracuse | Relationship to the deceased: wife

PLACE OF BURIAL Cremation or Removal Cemetery: I. O. O. F. | DATE: Dec. 20 1958

Location: Marion

County: Grant State: Indiana

SINGERS

BEARERS

RELIGION: M. E.

CLERGYMAN: Rev Robert Wright

Address: Cromwell Phone No.

FUNERAL DATE: Dec. 20, 1958 Sat.

TIME: 1:00 P. M.

PLACE: L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS: Masons. American Legion

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	203.00
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Lundy L. Andrews
(NAME OF DECEASED)

307-05-8000
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

FEDERATED 18

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 170

19 Dec 1958

Full name of deceased Cindy L Anderson Age 73

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

896 00/100

Outside Receptacle 115 00/100

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) 1011 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 60 00
Additional Autos . . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) 60 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) ____

Total Amount

(A) Services, including merchandise . . . $1011 00/100

(B) Accommodation Items . . . . . $ 60 00/100

Total (A & B) $1071 00/100

* (C) Additional items ordered later . . . $____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 1071 00/100

My, or our, preference for settlement is:

Terms $18 00/100 discount if paid in full on or before Dec 31, 1958

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/58	10 71 00	10 53 00	15 00 Due
		Paid in Full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 169

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Cecil (Middle) Alcorn (Last) Bunger

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Whitley STATE: Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Columbia City
LENGTH OF STAY (In this place): 1 day
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln Memorial Clinic
DATE OF DEATH: (Month) December (Day) 4 (Year) 1958 (Hour) 7:30P

CAUSE OF DEATH: Myocardial Infarction
AUTOPSY: YES ☑ NO ☐
PHYSICIAN: Dr. Vogel
Address: Col. City Phone No.:
SURVIVED BY: wife Edith Phone No.:
1 daughter - Jacqueline Bunger - Sandusky O.
1 son - Tom J Purdue - 1 granddaughter
mother - Etta Bunger
2 Brothers - Les - Hagerstown + Fred - Cromwell
2 sisters - Mrs. Gwenda White - Ft. Wayne
Mrs. Doris Berger - Merrill Wisc.

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Edith | Age of husband or wife if alive: years

DATE OF BIRTH: Nov. 15, 1904 | AGE (In years last birthday): 54 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bldg Contractor | KIND OF BUSINESS OR INDUSTRY: Construction Business

BIRTHPLACE (State or foreign country): Illinois | CITIZEN OF WHAT COUNTRY: U.S.A.

FATHER'S NAME: Harry Bunger

MOTHER'S MAIDEN NAME: Etta Deardorff

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 303-14-6867

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Edith Bunger
Address: Cromwell, Ind. | Relationship to the deceased: Wife

PLACE OF BURIAL Cremation or Removal
Cemetery: Sparta
Location: Kimmell
County: Noble State: Indiana
DATE: 12/7 1958

RELIGION: Lutheran
CLERGYMAN: Rev. Raymond A. Nelson
Address: Cromwell Phone No.:
FUNERAL DATE: Dec. 7, 1958 - Sunday
TIME: 2:00 P m
PLACE: L H Moore Funeral Home
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

CEMETERY LOT NO.: X Owner of Lot:
Section: Grave No.:

FUNERAL DIRECTED BY: L H Moore License No.: 1752
EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(1-58)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Cecil Alcom Bunger
(NAME OF DECEASED)

303-14-6867
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

No. 392 December 29 19 58

RECEIVED OF Lloyd H. Moore

Three 100 Dollars

Death Certificate (Cecil A. Bunger)

Amt. of Account		
Amt. Paid		
Balance Due		

$ 3.00

Mildred Pence, Registrar
Whitley Co. Health Dept.

WESTAB

County Record of Deaths

Whitley County Health Department
Columbia City, Indiana

THIS IS TO CERTIFY, that our records show Cecil Alcom Bunger
Name of Deceased

died December 4, 1958 (Date of Death) 1:30 P.M. (Hour) Whitley County, Indiana (Place of Death)

54 (Age) Male (Sex) Married (Married or Single) Myocardial infarction (Cause of Death)

Atherosclerosis - Arterionephrosclerosis, hypertension

John L. Vogel, M. D.
Attending Physician

Columbia City, Indiana
Address

Sparta Cemetery
Place of Burial

Kimmell, Indiana
Address

Lloyd H. More
Funeral Director

Cromwell, Indiana
Address

Recorded in book 5 Page B

December 7, 1958
Date of Burial

(SEAL)

Otto F. Lehmberg, M.D. mp
SIGNED Health Commissioner

Columbia City, Indiana, December 29, 1958
Date

763

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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 169

5 December 1957

Full name of deceased L. Alcorn Burgess Age 54

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

$775 00/100

Outside Receptacle $75 00/100

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 970 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . —
Additional Autos . . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) —

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

(A) Services, including merchandise . . . $ 970 00/100

(B) Accommodation Items . . . . . $ —

Total (A & B) $ —

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ —

My, or our, preference for settlement is:

Terms $175 discount if paid in full on or before Dec. 20, 1958 Net 30 days

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A:_____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/24/59	97.00	97.00	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 168

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Ocie (Middle) Pearl (Last) Kohler

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noscuisko PHONE

PLACE OF DEATH
COUNTY Elkhart STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkhart
LENGTH OF STAY (in this place) 4 wks.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elkhart General Hospital

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. W. A. Poff
Address 1155 - 3rd St. Elkhart Phone No.

SURVIVED BY Phone No.
1 daughter - Mrs. Alene Wilcoxon, Knightsville, Ind.
1 son - La Von Kohler, to Bund.
1 sister - Mrs. Minnie Bailey, Syracuse
1 brother - Charles Stough, Syracuse
4 grand children

DATE OF DEATH (Month) November (Day) 29 (Year) 1958 (Hour) 1:00 A.M.
SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Brent | Age of husband or wife if alive
DATE OF BIRTH June 7, ~~1880~~ 1881 | AGE (In years last birthday) 77 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY U.S.A.
FATHER'S NAME Joseph Stough
MOTHER'S MAIDEN NAME Matilda Gilbert
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 304-38-5224
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

RELIGION Protestant
CLERGYMAN
Address Phone No.
FUNERAL DATE Dec. 1, 1958
TIME 1:00 P.M. Monday
PLACE Indian Village E. U. B. Church
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Alene Wilcoxon
Address Knightsville, Ind. | Relationship to the deceased daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery Indian Village | DATE 12/1 1958
Location Indian Village
County Noble State Indiana

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 480

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	102.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Ocie Pearl Kohen
(NAME OF DECEASED)

304-38-5224
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

FEDERATED 16

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 168

29 June 1955

Full name of deceased Arie Pearl Kober Age 77

Deceased is mother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 708 50/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 733 50/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ _____

My, or our, preference for settlement is:

Terms Discount 11 9/100 if paid in full on or before Dec 1, 55

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

L. H. MOORE FUNERAL HOME

By _____

City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595 00/100
Outside Receptacle	95 00/100
Clothing	18 50/100
Foot Wear	
	708 50/100
Total (A)	

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	25 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/8/58	73 3 50	72 1 60	1 90 Dr
		Paid in full Adm	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 167

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Lizzie (Middle) Belle (Last) Bowling

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: 54 years.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Elkhart STATE Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen
LENGTH OF STAY (In this place) 3 days
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goshen General Hospital

DATE OF DEATH (Month) Nov. (Day) 6 (Year) 1958 (Hour) 3:00 A

SEX: female | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

Name of husband or wife: James | Age of husband or wife if alive: years

DATE OF BIRTH: Sept. 24 1880 | AGE (In years last birthday): 78 | If Under 1 Year: Months / Days / Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Kentucky | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME: John Murphy

MOTHER'S MAIDEN NAME: Sarah Bryant

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Mrs. Ray Johnson
Address: Ligonier 503 2nd | Relationship to the deceased: daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery: Sparta | DATE: Nov 8 1958
Location: Kimmell
County: Noble State: Indiana

CAUSE OF DEATH: Myocardial [illegible]

AUTOPSY YES ☐ NO ☑

PHYSICIAN: Dr. J. A. Chase

Address: Ligonier Ind. Phone No.

SURVIVED BY: 4 daughters Phone No.
Wm Ross Emley - Cromwell Mrs Velma Johnston, Ligonier
Mrs Sarah Powlesland, Toledo O.
Mrs Athilene Fulton, Atlanta, Ga.
4 sons. James - Ft. Wayne - Buddy - St. Joe Ind.
Lee - Heede O. Harley - Petersburg, Mich.
3 sisters Mr. Margaret Hardy - Lig. Mrs Emma Rice - Mrs Frances McDonald -
3 Brothers - Celus Murphy R R Kimmell
Curtis Murphy - Cromwell - Robert Murphy, Ft Wayne

16 Grand 12 great grand.

RELIGION: Protestant

CLERGYMAN: Rev. Kynneth Holcomb

Address: Goshen Phone No.

FUNERAL DATE: Nov. 8 1958 Saturday

TIME: 1:30 PM E.S.T.

PLACE: Kimmell Methodist

FRATERNAL AFFILIATIONS
Calvary Temple Church - Ligonier

SINGERS

BEARERS: Grandchildren

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY: L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTIO.. ..ASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	122.50
*Outer Case-Cost $ _____ Selling Price	
*Embalming - " $ _____ " "	
*Clothing - - " $ _____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER *

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

736 00/100

Outside Receptacle 95 00/100

Clothing 17 50/100

Foot Wear . . . . . ———

. . . . . ———

Total (A) 848 50/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00/100

Additional Autos . . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) 20 00/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) ———

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

15

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 167

6 Nov. 1958

Full name of deceased Virgil Bell Bowling Age 78

Deceased is Father of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 848 50/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 868 50/100

* (C) Additional items ordered later . . . $ ———
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 868 50/100

My, or our, preference for settlement is:

Terms 1% Discount for cash

Legal rate of Interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

———
Signature of Purchaser

———
Address

———
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 166

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mollie (Middle) Mary Florence (Last) Longenecker

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH
COUNTY Wells
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
LENGTH OF STAY (In this place) 8 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH (Month) November (Day) 2 (Year) 1958 (Hour)

SEX female | COLOR OR RACE whit | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife William | Age of husband or wife if alive

DATE OF BIRTH May 20, 1958 | AGE (In years last birthday) 83 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Cromwell, Ind. | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME William Conner

MOTHER'S MAIDEN NAME Victoria Green

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Evelyn Bevington
Address RR #2 Warren, Ind | Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal
Cemetery Oak Park | DATE 11/4 1958
Location Lagonier, Ind.
County Noble State Ind.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Phone No.

SURVIVED BY Phone No.
4 daughters, Mrs. Evelyn Bevington, RR #2 Warren, Ind.
Mrs. Irma Bradford, Auburn
Mrs. Mabel McGraw, Mishawaka
Mrs. Kathryn Henley, Minneapolis, Minn.
4 sons Billy of Auburn
Earl of Mishawaka
Walter of near Wilmot
Maurice of Elkhart
Twelve granddchildren, 15 great grandchildren

RELIGION Protestant
CLERGYMAN Rev. B. Brooks Shake
Address Elkhart, Ind. Phone No.
FUNERAL DATE Nov. 4, 1958 Tuesday
TIME 2:00 P.M. D.S.T.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS None

SINGERS

BEARERS grand children

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		98.89
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 612 00/100

Outside Receptacle 95 00/100

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____
Total (A) 707 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00
Additional Autos . . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
Total (B) 35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
Total (C) 742 00/100

Total Amount

FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 166

2 Nov. 1958

Full name of deceased Mary Florence Longenecker Age 83

Deceased is Mother of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 707 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 742 00/100

* (C) Additional items ordered later . . . $ ____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 742 00/100

My, or our, preference for settlement is:

Terms Discount of $12.24/100 if paid in full on or before Nov. 17, 1958

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By ____

I, or we, accept and approve the above.

____ Signature of Purchaser

____ Address

____ City ____ State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Ronald Hugh Brown
(NAME OF DECEASED)

308-38-7058
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 55

BURIAL PERMIT NO.
DECEDENT'S BIRTH NO.

NAME OF DECEASED: (First) Ronald (Middle) H. (Last) Brown
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Indiana COUNTY: Noble PHONE

PLACE OF DEATH
COUNTY: Steuben STATE: Indiana
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural
LENGTH OF STAY (in this place)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1958 (Hour) 2:30 P
SEX: male
COLOR OR RACE: White
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
Name of husband or wife
Age of husband or wife if alive

DATE OF BIRTH: July 5, 1938
AGE (In years last birthday): 20 years
If Under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country): Indiana
CITIZEN OF WHAT COUNTRY?: U. S. A.
FATHER'S NAME: Don Brown
MOTHER'S MAIDEN NAME: Ruth Johnson
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): no
SOCIAL SECURITY NO.: 308-38-7058
BRANCH OF SERVICE (Army, Navy or Marine)
(Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Don Brown
Address: RR 3 Kendallville, Ind. Relationship to the deceased: father

PLACE OF BURIAL
Cremation or Removal
Cemetery: Sparta DATE: 9/30 1958
Location: Rimmell
County: Noble State: Indiana

CAUSE OF DEATH: Broken neck
AUTOPSY YES ☐ NO ☒
PHYSICIAN: Coroner
Address: Angola, Ind. Phone No.
SURVIVED BY: Phone No.
Parents, Mr & Mrs Don Brown RR 3 Kendallville
1 sister - Mrs. Shirley Stineburner, Albion
1 brother - Donald at Home
1 grandmother - Mrs. Tena Brown, Cromwell

RELIGION: Protestant Cromwell M. E.
CLERGYMAN: Rev. Robert Wright
Address: Cromwell Phone No.
FUNERAL DATE: Sept. 20, 1958 - Tuesday
TIME: 2:00 PM
PLACE: L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY: L H Moore License No. 1752
EMBALMER'S LICENSE NO. 718c

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	99.50
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

561 00/100

Outside Receptacle 95 00/100

Clothing . . . . . ———

Foot Wear . . . . . ———

. . . . . ———

Total (A) 656 00/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges $20 00

Additional Autos . . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . $30 00

Flowers $10 00

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

Ambulance pd. to Wabash . . . $15 00

Total (B) 75 00/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ———

. . . . . ———

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. . . . . ———

. . . . . ———

Total (C) ———

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

13

FUNERAL PURCHASE RECORD

No. 165

28 September 1958

Full name of deceased Ronald H. Crowe Age 20

Deceased is son (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 656 00/100

(B) Accommodation Items . . . . . $ 75 00/100

Total (A & B) $ 731 00/100

* (C) Additional items ordered later . . . $ ———

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 731 00/100

My, or our, preference for settlement is:

Terms 11% discount if paid in full on or before Oct 12, 1958

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

———
Signature of Purchaser

———
Address

———
City State

———
Signature of Co-purchaser — Street Address — City and State

———
Signature of Co-purchaser — Street Address — City and State

———
Signature of Co-purchaser — Street Address — City and State

———
Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/13/58	73 1 00	71 9 78	1 1 22 Disc.
		Pd in full	
		per letter	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R133.1.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Joe Elizabeth Fausnaugh
(NAME OF DECEASED)

310-32-0334
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 164

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Jane (Middle) Elizabeth (Last) Faurnaugh

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell

LENGTH OF STAY (in this place): 45 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1958 (Hour)

SEX: female COLOR OR RACE: white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

Name of husband or wife: Clyde

Age of husband or wife if alive: years

DATE OF BIRTH: Feb 25 1889 AGE (In years last birthday): 69

If Under 1 Year: Months Days Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Indiana

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME: Lincoln Fry

MOTHER'S MAIDEN NAME: Eva Conrad

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.: 310-32-0334

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED DISCHARGED

NAME OF WAR SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address Relationship to the deceased

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
Location Kimmell
County Noble State Ind.

DATE 9/28 1958

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. P. L. Webster

Address Ligonier Phone No.

SURVIVED BY 1 son A. C. Faurnaugh Phone No.
A. C. Faurnaugh
3 granchildren
2 great grandchildren
2 sisters

Mrs. Ruby Bundy - Mishawaka
Mrs. Mildred Payne - Syracuse

RELIGION Methodist

CLERGYMAN Rev. Albert Ryder

Address Inwood Ind. Phone No.

FUNERAL DATE Sunday Sept 28, 1958

TIME 2:00 PM

PLACE Kimmell Methodist

FRATERNAL AFFILIATIONS
Eastern Star

SINGERS

BEARERS

FUNERAL DIRECTED BY L. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 164

26 Sept 1952

Full name of deceased Jos Tavenaugh Age 69

Deceased is Mother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

179.00

Outside Receptacle 60.00

Clothing 14.95

Foot Wear . . . . . ____

. . . . . ____

Total (A) 753.95

(B) INCIDENTAL ACCOMMODATION ITEMS

To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20.00

Additional Autos . . . . . ____

Telegrams . . . . . ____

Long Distance Telephone Calls . ____

R. R. Transportation . . . . ____

Flowers . . . . . ____

Clergyman . . . . . ____

Special Music . . . . . ____

Obituary Notices . . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (B) 20.00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (C) ____

Total Amount

(A) Services, including merchandise . . . $ 753.95

(B) Accommodation Items . . . . . $ 20.00

Total (A & B) $ ____

* (C) Additional items ordered later . . . $ ____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 773.95

My, or our, preference for settlement is:

Terms ____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By ____

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE . Form D F 22 Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	195	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

RECORD OF FUNERAL

No. 163

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Levi (Middle) (Last) Miller

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Kosciusko PHONE

PLACE OF DEATH
COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wilmot

LENGTH OF STAY (In this place) 2 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mocks Nursing Home ~~Hi 30A~~

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. F. O. Clark

Address Syracuse Phone No.

SURVIVED BY 4 daughters Phone No.

Mrs. Harvey Mock - Wilmot, Ind.
Mrs. Edgar Kuhn - Syracuse, Ind.
Mrs. Vivian Spencer - Goshen, Ind.
Mrs. Ralph Burt - RR Princeton, Ind.
2 sisters,
Mrs. Julia Rickcreek - Austin, Texas
Mrs. Belle Mock - No. Webster
2 Brothers
Sam Miller - Cypress, Calif.
Charles Miller - W. Palm Beach, Fla.

DATE OF DEATH (Month) Sept. (Day) 21 (Year) 1958 (Hour) 11:30A.

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Sept. 22, 1865 | AGE (In years last birthday) 93 | If Under 1 Year: Months Days Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Emanuel C. Miller

MOTHER'S MAIDEN NAME Nancy Maurer

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Harvey Mock
Address RR #1 Princeton, Ind. Relationship to the deceased daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery Mocks | DATE 9/24 1958
Location No. Webster
County Kosciusko State Indiana

RELIGION Protestant
CLERGYMAN Rev. Brooks Linn
Address No. Webster Phone No.
FUNERAL DATE Sept. 24, 1958 (Wednesday)
TIME 2:00 P. M.
PLACE Church of God, No. Webster
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot Levi Miller - Otto Mock
Section Grave No.

FUNERAL DIRECTED BY R. H. Moore License No. 1752
EMBALMER'S LICENSE NO. 7180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6-25-59	17.35	17.35	
			4
		2 on	1
		16	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

763

11

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	550 00/100
Outside Receptacle	75 00/100
Clothing	14 50/100
Foot Wear	
Total (A)	639 50/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) **ADDITIONAL ITEMS ORDERED LATER**

Total (C)	
Total Amount	

Form D F 22
Copyrighted F. F. D. of A.
TRIPLICATE

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED

FUNERAL PURCHASE RECORD

21 Sept. No. 163 E

Lem Miller, 195__

Full name of deceased _____ Age _____

Deceased is father (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 639 00/100

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ _____

* (C) Additional items ordered later . . . $ 639 50/100
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ _____

My, or our, preference for settlement is:

Terms _____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____ Signature of Purchaser

_____ Address

_____ City _____ State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

DESCRIPTIC . . CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	125.50	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

RECORD OF FUNERAL

No. 162

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Margaret (Middle) Jane (Last) Bitner

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sparta Twp.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Elkhart STATE

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goshen | LENGTH OF STAY (In this place) 2 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goshen General Hospital

DATE OF DEATH (Month) May (Day) 31 (Year) 1958 (Hour) 11:45P

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Howard | Age of husband or wife if alive

DATE OF BIRTH July 20, 1917 | AGE (In years last birthday) 40 | If Under 1 Year: Months, Days | If Under 24 Hrs.: Hours, Min. | years

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY U. S. A.

FATHER'S NAME Lawrence Randall

MOTHER'S MAIDEN NAME Zilda Folck

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item) Signature Howard Bitner

Address RR #2 Ligonier, Ind. | Relationship to the deceased Husband.

PLACE OF BURIAL Cremation or Removal | DATE 6/3 1958

Cemetery Sparta

Location Kimmell, Ind.

County Noble State Ind.

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☐

PHYSICIAN Dr. J. A. Chase

Address Ligonier, Ind. Phone No.

SURVIVED BY Husband - Howard Phone No.

2 sons - Larry + Duane at Home

1 sister - Mrs. Malcolm Baker - RR 4 Albion

RELIGION Methodist

CLERGYMAN Rev. Robert Wright

Address Cromwell Phone No.

FUNERAL DATE June 3, 1958

TIME 2:00 P.M.

PLACE Cromwell Methodist Church

FRATERNAL AFFILIATIONS Member Ebenezer Ladies aid. W.S.C.S.

SINGERS

BEARERS

FUNERAL DIRECTED BY L H Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

763

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

561 00/100

Outside Receptacle 95 00/100

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 656 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

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FEDERATED

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 162

1 June 195 8

Full name of deceased Margaret Bitner Age 40

Deceased is wife of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 656 00/100

(B) Accommodation Items . . . . . $ _____

Total (A & B) $ 656 00/100

* (C) Additional items ordered later . . . $ _____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 656 00/100

My, or our, preference for settlement is: 11% Discount if paid in full on or before June 16, 1958

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____ Signature of Purchaser

_____ Address

_____ City State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	95.51	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

RECORD OF FUNERAL

No. 161

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Emma (Middle) Almeda (Last) Reeve

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ligonier Ind.

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CAUSE OF DEATH Myocardial failure

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | LENGTH OF STAY (In this place) 4 yrs.

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. D. F. Stultz

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mock Nursing Home

Address Phone No.

SURVIVED BY Phone No.

2 sons
Earl Reeve, Cromwell
Weldon Reeve, Kimmell
2 daughter
Mrs. Lois Bitner, RR 1 Ligonier
Mrs. Almeda Bonnell, Kimmell
3 sisters
Mrs. Nora Imm, Jeffers, Minn.
" Fiona Koerner, Edmonds, Wash
" Minnie Bailey, Edmonds, Wash
14 grandchildren, 29 great grandchildren

DATE OF DEATH	SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
April 2 1958 8:00 P	female	white	Widowed

Name of husband or wife: Charlie

Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Jan 20, 1873	85				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Illinois

CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Chauncey Dickerson

MOTHER'S MAIDEN NAME Mary Trunnel

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of ser.)

SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Lois Bitner
Address RR 1 Ligonier
Relationship to the deceased Daughter

PLACE OF BURIAL
Cremation or Removal
Cemetery Sparta
Location Kimmell
County Noble State Ind.

DATE 4-5-1958

RELIGION Protestant

CLERGYMAN Rev. Peter Guiring + Rev. Robert Wright

Address Cromwell Phone No.

FUNERAL DATE April 5, 1958 Saturday

TIME 2:00 P. M.

PLACE Sparta Christian Church

FRATERNAL AFFILIATIONS
Gold Star Mother
American Legion Auxiliary

SINGERS

BEARERS grandsons

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L. A. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6/4/58	65600	64478	1122 due
		Pd in full	
		6/4/58	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

763

9

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 161

3 April 1958

Full name of deceased Emma Almeda Kiser Age 83

Deceased is mother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

692 00/100

Outside Receptacle 110 00/100

Clothing 17 00/100

Foot Wear . . . . . ———

. . . . . ———

Total (A) 819 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00

Additional Autos . . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) 20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Stole 5.98

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) 5 98/100

Total Amount

(A) Services, including merchandise . . . $ 819 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 839 00/100

* (C) Additional items ordered later . . . $ 5 98/100

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 844 98/100

My, or our, preference for settlement is:

Terms 3 64/100 Discount if paid in full on or before April 18, 1958

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE · Form D. F. 22 · Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

RECORD OF FUNERAL

No. 168

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) John (Middle) Wesley (Last) Kistler

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

LENGTH OF STAY (In this place): 5 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

DATE OF DEATH: (Month) March (Day) 30 (Year) 1958 (Hour) 7:00 PM

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Evelyn | Age of husband or wife if alive: years

DATE OF BIRTH: Feb. 20, 1878 | AGE (In years last birthday): 80 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith | KIND OF BUSINESS OR INDUSTRY:

BIRTHPLACE (State or foreign country): Ohio | CITIZEN OF WHAT COUNTRY? U.S.a.

FATHER'S NAME: David Kistler

MOTHER'S MAIDEN NAME: Gertrude Lytle

WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 316-09-9953

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Harry Kistler
Address: RR 1 Tekonsha, Mich. | Relationship to the deceased: Son

PLACE OF BURIAL
Cremation or Removal
Cemetery: Thorne | DATE: 4/2 1958
Location: Ormas
County: Noble State: Ind

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☒

PHYSICIAN: Dr. Paul L. Webster
Address: Ligonier, Ind. Phone No.

SURVIVED BY: Phone No.
3 sons Harry Kistler - Tekonsha, Mich
Virgil & Vern - Cromwell
1 dau. Edna Hutsell - "
4 sisters
Mrs. D.B. Sloncker, Nashville, Tenn.
Mrs. C.D. Evans, Biloxi, Miss
Mrs. D.J. Dipon, Peru, Ind.
Mrs. D.D. Hyle, Olivet, Mich.
7 grand children
11 great grand children

RELIGION: Protestant

CLERGYMAN
Address Phone No.

FUNERAL DATE: Wednesday April 2, 1958
TIME: 2:00 P.M.
PLACE: L.N. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY: L.N. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS
Frank Wade 471
Flo

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/16/58		53114	13846

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FOLIO ____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A. _____ 195____ Amt. $_____

Payment Received in Full _____ 195____ Check Number _____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/5/58	81850	80492	1358 Due

7/10 Ins. Fwd
4/5/58 Ins. Fwd

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R285.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

John W. Kistler
(NAME OF DECEASED)

316-09-9953
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42483-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 159

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Clarence (Middle) (Last) McFarren

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission:

STATE Ind COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.

CAUSE OF DEATH Coronary occlusion

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural | LENGTH OF STAY (in this place)

AUTOPSY YES ☐ NO ☑

PHYSICIAN Myron C Hutchins, Coroner

FULL NAME OF HOSPITAL OR INSTITUTION (If not, in hospital or institution, give street address or location) York Township

Address K'ville Phone No.

SURVIVED BY Wife Ruth Phone No.

2 sons Boyd & Max RR Cromwell

2 sisters Mrs. Burgess Galloway - Cromwell

Mrs Mary Stone - Ligonier

1 Brother James McFarren, Elkhart

Seven Grandchildren

DATE OF DEATH (Month)	(Day)	(Year)	(Hour)
March	22	1958	2:00 P

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	married

Name of husband or wife: Ruth | Age of husband or wife if alive: years

DATE OF BIRTH	AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hrs.: Hours	Min.
Feb 28, 1898	60				

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY Farm owner

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. a

FATHER'S NAME Frank McFarren

MOTHER'S MAIDEN NAME Barbara Abrams

RELIGION Protestant

CLERGYMAN Rev. Peter Young & Rev Robert Wright

Address Cromwell Phone No.

FUNERAL DATE March 25, 1958

TIME 2:00 P.M. Tuesday

PLACE Broadway Christian Church

FRATERNAL AFFILIATIONS Am. Legion, Masons, Eagles

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of ser.)	SOCIAL SECURITY NO
Yes	WWI	379-30-5299

BRANCH OF SERVICE (Army, Navy or Marine)	(Regiment, Company or Command)
Army	Battery A 137 F.A.

ENLISTED	DISCHARGED
Aug 5, 1917 Albion	Jan 13, 1919 Ft. Harrison

NAME OF WAR	SERIAL NO.
WW I	1572238

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Ruth McFarren

Address Cromwell | Relationship to the deceased Wife

PLACE OF BURIAL Cremation or Removal

Cemetery Apple | DATE 3/25 19 58

Location Kammell

County Noble State Ind.

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot Clarence McFarren

Section Grave No.

FUNERAL DIRECTED BY L Amore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Clarence Mc Farren
(NAME OF DECEASED)

379-30-5299
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

7

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 159

23 March 1958

Full name of deceased Clarence McFarren Age 60

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 785 00/100

Outside Receptacle 95 00/100

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 880 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00/100
Additional Autos . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) 20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

(A) Services, including merchandise . . . $ 880 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 900 00/100

* (C) Additional items ordered later . . . $ —

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 900 00/100

My, or our, preference for settlement is:

Terms —

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
4/10/58	900.00	100.00	800.00
7/1/58	800.00	300.00	500.00
	500.00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 158

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Simon (Middle) (Last) Samuelson

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Whitley STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia City | LENGTH OF STAY (In this place) 2 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Whitley Co. Memorial Hospital

DATE OF DEATH (Month) March (Day) 9 (Year) 1958 (Hour) 5:00 a

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH April 5 1886 | AGE (In years last birthday) 71 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Illinois | CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Carl Samuelson

MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Albert J. Kuster
Address Ligonier, Ind. | Relationship to the deceased Guardian

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE ____ 19____
Location Kimmell
County Noble State Ind.

CEMETERY LOT NO. ____ Owner of Lot ____
Section ____ Grave No. ____

CAUSE OF DEATH
AUTOPSY YES ☐ NO ☐
PHYSICIAN
Address ____ Phone No. ____
SURVIVED BY ____ Phone No. ____
2 nephews
Lyle Hoover, Clarendon Hills, Ill. 3621
Roland Hoover, Princeton, Ill.

RELIGION Protestant
CLERGYMAN Rev. Peter Gaining
Address Cromwell Phone No.
FUNERAL DATE March 11, 1958
TIME 2:00 P.M.
PLACE K H Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Ralph Wade, Ira Stump, Carl Kenney, Hobart Weidle, Floyd + Cyril Murphy

FUNERAL DIRECTED BY K K Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 374 00/100

Outside Receptacle 95 00/100

Clothing 18 00/100

Foot Wear . . . . . ____

. . . . . ____

Total (A) 487 00/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00

Additional Autos . . . . . ____

Telegrams . . . . . ____

Long Distance Telephone Calls . ____

R. R. Transportation . . . . ____

Flowers . . . . . ____

Clergyman 10 00

Special Music . . . . . ____

Obituary Notices . . . . . ____

Underwear + socks . . 2.79

. . . . . ____

. . . . . ____

. . . . . ____

Total (B) 32 79/100

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (C) ____

Total Amount

Copyrighted U. S. A.

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

L

FUNERAL PURCHASE RECORD

No. 158

10 March 1958

Full name of deceased Simon Samuelson Age 71

Deceased is Uncle of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 487 00/100

(B) Accommodation Items . . . . . $ 32 79/100

Total (A & B) $ 519 79/100

* (C) Additional items ordered later . . . $ ____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 519 79/100

My, or our, preference for settlement is:

Terms ____

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

By L. H. Moore

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
9/10/58	5.979	5.19	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 157

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Minnie (Middle) Alice (Last) Messimore

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY Noble STATE Indiana

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural,

LENGTH OF STAY (In this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kondar Nursing Home

DATE OF DEATH (Month) March (Day) 5 (Year) 1958 (Hour) 6:15a

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr G F Stultz

Address Ligonier, Ind Phone No.

SURVIVED BY Phone No.
1 niece Cornelia Messimore - Chicago
2 cousins Jean Miller - Warsaw
Mr. Fred Edgar Keaton - Ligonier

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Sept 28, 1873 | AGE (In years last birthday) 84 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — | KIND OF BUSINESS OR INDUSTRY —

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U S A.

FATHER'S NAME Evon D. Messimore

MOTHER'S MAIDEN NAME Tamsey Miller

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

RELIGION Methodist

CLERGYMAN Rev. Robert Wright

Address Cromwell, Ind. Phone No.

FUNERAL DATE March 7, 1958

TIME 1:30 P.M.

PLACE Lee Mann Funeral Home

FRATERNAL AFFILIATIONS
WSCS

SINGERS

BEARERS

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs Etta Bunger

Address Cromwell, Ind. | Relationship to the deceased Guardian

PLACE OF BURIAL
Cremation or Removal
Cemetery Oak Park | DATE 3/7 1958
Location Ligonier, Ind.
County Noble State Ind.

CEMETERY LOT NO. 24 Owner of Lot

Section A Grave No.

FUNERAL DIRECTED BY Lippincott License No. 1752

EMBALMER'S LICENSE NO. 450

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

No. 238 Mar. 11 1958

Received of Moore Funeral Home

Thirty five + 00/100 **Dollars**

Grave opening Minna Museman

AMOUNT OF ACCOUNT	35 00
AMOUNT PAID	35 00
BALANCE DUE	-0-

LIGONIER CEMETERY ASSOCIATION

BY Susan Smith

BUSINESS SERVICE CO. OF AMERICA, KENDALLVILLE, IND.

763

5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 157

6 March 1958

Full name of deceased Minnie A. Stevenson Age 84

Deceased is ward of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 695 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 730 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 730 00/100

My, or our, preference for settlement is:

Terms Cash

Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By T. Thomas

_____
Signature of Purchaser

_____
Address

_____
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	600 00/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
Total (A)	695 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	35 00
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/3/57	730 00	730 00	—
		Paid in full	
		Ruth	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 156

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Hurst (Middle) A. (Last) Knapfel Jr.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location): Sparta Township

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Noble STATE: Indiana

CAUSE OF DEATH: coronary occlusion

AUTOPSY: YES ☐ NO ☑

PHYSICIAN: Dr. Paul Webster

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: RR #2 Ligonier
LENGTH OF STAY (in this place): ~~25~~ 26 yrs.

Address: Ligonier, Ind. Phone No.:

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ miles east of Cromwell

SURVIVED BY: wife Irma Phone No.:
6 sons - Hurst Jr Brampton, + Leonard RR #2 Ligonier
Woodward, Battle Creek, Mich - Paul - Churubusco
& Elmer. 7 daughters - Mrs Robert Oliver, W. Va/Lake
Mrs Charline Mahlen - John ~~Mrs~~
Mrs Richard Bell, Mich Mrs Kenneth Kime Joha
1 Bro Harry - Churubusco
23 grandchildren

DATE OF DEATH: (Month) February (Day) 18 (Year) 1958 (Hour) 7:00 PM

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Irma | Age of husband or wife if alive: years

DATE OF BIRTH: Oct 20 1891 | AGE (In years last birthday): 66 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | KIND OF BUSINESS OR INDUSTRY:

BIRTHPLACE (State or foreign country): Ohio | CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: William Knapfel

MOTHER'S MAIDEN NAME: Emmie Bell

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.): Yes | SOCIAL SECURITY NO.:

BRANCH OF SERVICE (Army, Navy or Marine): (Regiment, Company or Command):

ENLISTED: | DISCHARGED:

NAME OF WAR: | SERIAL NO.:

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Mrs Irma Knapfel
Address: RR #2 Ligonier | Relationship to the deceased: wife

PLACE OF BURIAL
Cremation or Removal
Cemetery: Mariam Christian Chapel DATE: 2/21 1958
Location: Mariam Churubusco
County: Noble State: Indiana

RELIGION: Lutheran
CLERGYMAN: Rev J. K. Frankenbusch
Address: Col. City Phone No.:
FUNERAL DATE: Feb 21 1958
TIME: 2:00 P.M. C.S.T.
PLACE: Zion Lutheran Church
FRATERNAL AFFILIATIONS:
Mrs Bob 116 Mrs. Bob Oliver 24.50

SINGERS:

BEARERS:

CEMETERY LOT NO.: Owner of Lot:
Section: Grave No.:

FUNERAL DIRECTED BY: License No.:
EMBALMER'S LICENSE NO.:

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	119
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(3-57)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Moore Funeral Home

Cromwell, Ind.

Gust A. Knafel
(NAME OF DECEASED)

310-40-1499
(SOCIAL SECURITY ACCOUNT NUMBER)

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

16—42482-11 GPO

763

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 156

19 Feb 1958

Full name of deceased Gust A. Knafel Jr. Age 66

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	571 00/100
Outside Receptacle	95 00/100
Clothing	24 50/100
Foot Wear	
Total (A)	~~[illegible]~~

(B) INCIDENTAL ACCOMMODATION ITEMS 690 50
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

690 50/100

(A) Services, including merchandise . . . $ ~~[illegible]~~

(B) Accommodation Items . . . . . $

Total (A & B) $

* (C) Additional items ordered later . . . $
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 690 50

My, or our, preference for settlement is:

Terms 11 47/100 discount if paid on or before Mar. 5, 1958 but 30 days.

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

[illegible] Signature of Purchaser

RR #2 Address

Logansport City Indiana State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3/8/58	69 c 50	24 50	66 60
[illegible]	66 60	[illegible]	[illegible]

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 155

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Julia (Middle) Etta (Last) Walters

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location): Apartment Dept.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

STATE: Indiana COUNTY: Noble PHONE:

PLACE OF DEATH

COUNTY: Noble STATE: Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

LENGTH OF STAY (in this place): 2 wks

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kondas Nursing Home

DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1958 (Hour) 7:15 A.

SEX: Female | COLOR OR RACE: White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

Name of husband or wife: David | Age of husband or wife if alive: years

DATE OF BIRTH: Oct 23, 1887 | AGE (In years last birthday): 70 | If Under 1 Year: Months / Days / Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | KIND OF BUSINESS OR INDUSTRY:

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U. S. A.

FATHER'S NAME: William Gandy

MOTHER'S MAIDEN NAME: Ida Cullers

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: David L. Walters

Address: Cromwell, Ind RR1 | Relationship to the deceased: Husband

PLACE OF BURIAL Cremation or Removal

Cemetery: Riverview | DATE: Feb 13 1958

Location: Churubusco

County: Allen State: Ind.

CEMETERY LOT NO.: 111 Owner of Lot: David L. Walters

Section: SE ¼ Grave No.: 3

CAUSE OF DEATH:

AUTOPSY YES ☐ NO ☒

PHYSICIAN: Dr. C. F. Stultz

Address: Ligonier Phone No.:

SURVIVED BY Phone No.:

Husband - David - Ft Wayne

Daughter - Mrs Harold Bohde 1 Grandson

2 Great grandsons

Sister - Missouri Gandy - Hamilton, Ind

Mrs Lee Radcliff

Mrs Ralph Stuebal, Ft Wayne

Brother - Dewey Gandy - Chicago

RELIGION: U. B.

CLERGYMAN: Rev. Charles Reed

Address: No Webster Phone No.:

FUNERAL DATE: Thurs Feb 13, 1958

TIME: 1:30 P. M.

PLACE: A. Moore Funeral Home

FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS:

FUNERAL DIRECTED BY: A. Moore License No.: 1752

EMBALMER'S LICENSE NO.: 480

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____	76
*Outer Case-Cost $_____ Selling Price _____	
*Embalming - " $_____ " " _____	
*Clothing - - " $_____ " " _____	
Livery _____	
Total	
Total Cash Advances _____	
Discount (if not figured in operation cost) _____	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral _____	
**Less Operation Cost per Funeral _____	
Net Profit or Loss Apparent _____	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 155

10 Feb 1955

Full name of deceased Julia Etta Watts Age 71

Deceased is wife of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

457 00/100

Outside Receptacle 95 00/100

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) $552 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00/100
Additional Autos . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) 35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Stole 3.98
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) 3.98

Total Amount

(A) Services, including merchandise . . . $ 552 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 587 00/100

* (C) Additional items ordered later . . . $ 3 98/100

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ ~~587 00/100~~ 590 98/100

My, or our, preference for settlement is:

Terms net 30 Days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/17/55	59 c 98	59 c 98	Pd in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 154

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mike (Middle) (Last) Calbick

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Sparta Twp

STREET ADDRESS (If rural, give location) Sparta Township Rt 64 Co Ind

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY La Grange STATE Ind

CAUSE OF DEATH Cerebral Hemorrhage

AUTOPSY YES ☐ NO ☒

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

LENGTH OF STAY (in this place) 2 wks

PHYSICIAN Dr. G. F. Stucky

Address Lagonier Phone No.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lagrange Co. Hospital

SURVIVED BY Phone No.

2 sons Leland - Lagonier
Linus - Cromwell
1 daughter Mrs Catharine Ford - Alhambra Calif
3 grand children 4 great grandchildren

DATE OF DEATH (Month) February (Day) 3 (Year) 1956 (Hour) 7:30 A

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife Deceased | Age of husband or wife if alive

DATE OF BIRTH Aug 27 1873 | AGE (In years last birthday) 84 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired | KIND OF BUSINESS OR INDUSTRY Farm Owner

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U S A.

FATHER'S NAME John Calbick

MOTHER'S MAIDEN NAME Katharine Gissamaker

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Leland Calbick
Address Lagonier, Ind | Relationship to the deceased son

PLACE OF BURIAL Cremation or Removal
Cemetery Oak Park DATE Feb 6 1956
Location Lagonier
County Noble State Indiana

RELIGION Protestant
CLERGYMAN Rev Albert Ryder
Address Wawaka Ind Phone No.
FUNERAL DATE Feb 6, 1956
TIME 1:30 P.
PLACE L. A. Moore Funeral Home
FRATERNAL AFFILIATIONS Lagonier Masonic Lodge
SINGERS
BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.
FUNERAL DIRECTED BY License No.
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	170	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

2

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED DIRECTORY OF AMERICA

FUNERAL PURCHASE RECORD

No. 154

17 Feb 195 8

Full name of deceased Milo Calbeck Age 84

Deceased is Father of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

730 00/100

Outside Receptacle 95 00/100

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) 825 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00
Additional Autos . . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) 35 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) ____

Total Amount

(A) Services, including merchandise . . . $ 825 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 860 00/100

* (C) Additional items ordered later . . . $ ____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 860 00

My, or our, preference for settlement is:

Terms Discount of 14% allowed if paid on or before Feb. 20, 1958

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/14/58	86 00	84 50	1 50
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

No. 218

Feb 5 195[illegible]

Received of L. H. Moon Funeral Home

Thirty five & no/100 **Dollars**

Grave opening M. Callock

AMOUNT OF ACCOUNT	
AMOUNT PAID	35 00
BALANCE DUE	- 0 -

LIGONIER CEMETERY ASSOCIATION

BY R Smith

BUSINESS SERVICE CO. OF AMERICA, KENDALLVILLE, IND.

RECORD OF FUNERAL

No. 153

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Mary (Middle) Jane (Last) Vanette

STREET ADDRESS (If rural, give location) Oak Road, South Bend Ind

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural

PLACE OF DEATH COUNTY St. Joseph STATE Ind.

LENGTH OF STAY (in this place) 14 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oak Road, South Bend

DATE OF DEATH (Month) January (Day) 31 (Year) 1958 (Hour)

SEX female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Jason | Age of husband or wife if alive

DATE OF BIRTH July 29 1867 | AGE (In years last birthday) 59 years | If Under 1 Year: Months Days Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Abe Benjamin

MOTHER'S MAIDEN NAME Stuling

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Curtis Miller
Address | Relationship to the deceased Daughter

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta
Location Kimmell
County Noble State Indiana
DATE Feb 3 1958

CEMETERY LOT NO. | Owner of Lot Lotta Vanette
Section | Grave No.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. V. B. Wolf
Address Walkerton, Ind. Phone No.

SURVIVED BY Phone No.
2 sons - Lotta Vanette of Cromwell
George Vanette, Crawfordsville
Mrs. Goldie Farr - Ft. Wayne
Mrs. Bessie Miller R R 11 So. Bend.
1 sister - Mrs. Bell Anderson, Elkhart
25 grand children
12 great grand children

RELIGION Protestant
CLERGYMAN Rev. Robert Wright
Address Cromwell Phone No.
FUNERAL DATE Feb. 3, 1958
TIME 2:00 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS grandchildren

FUNERAL DIRECTED BY L. H. moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____	95.00
*Outer Case-Cost $_____ Selling Price _____	
*Embalming - " $_____ " " _____	
*Clothing - - " $_____ " " _____	
Livery _____	
_____	
_____	
Total	
Total Cash Advances _____	
Discount (if not figured in operation cost) _____	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 153

Feb 195 8

Full name of deceased Mary Jane Vanetto Age 59

Deceased is brother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

493 00

Outside Receptacle 95 00

Clothing . . . . . ____

Foot Wear . . . . . ____

. . . . . ____

Total (A) 588 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . 20 00

Additional Autos . . . . . ____

Telegrams . . . . . ____

Long Distance Telephone Calls . ____

R. R. Transportation . . . . ____

Flowers . . . . . ____

Clergyman . . . . . ____

Special Music . . . . . ____

Obituary Notices . . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (B) 20 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

. . . . . ____

Total (C) ____

Total Amount

(A) Services, including merchandise . . . $ 588 00 / 100

(B) Accommodation Items . . . . . $ 20 00 / 100

Total (A & B) $ 608 00 / 100

* (C) Additional items ordered later . . . $ ____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 608 00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/3/58	608.00	381.00	227.00
2/12/58	227.00	127.00	100.00
101 Club	100.00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 152

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Jethro (Middle) A (Last) Greider

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Turkey Creek Twp. ~~Noble~~

STREET ADDRESS (If rural, give location) Rural

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Kosciusko PHONE

PLACE OF DEATH

COUNTY Whitley STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia City

LENGTH OF STAY (In this place) 18 hrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Whitley County Memorial Hosp.

DATE OF DEATH (Month) December (Day) 15 (Year) 1957 (Hour) 9:02 A

CAUSE OF DEATH Cerebral Contusion, Cerebral Concussion

AUTOPSY YES ☐ NO ☒

PHYSICIAN ~~Dr. J. R. Roth~~ Dr. J. H. Wait

Address Wolf Lake, Ind. Phone No.

SURVIVED BY Phone No.

2 nieces + 6 nephews

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	widowed

Name of husband or wife: Rosa May

Age of husband or wife if alive

DATE OF BIRTH: Sept. 17 1871

AGE (In years last birthday): 86 years

If Under 1 Year: Months / Days

If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

KIND OF BUSINESS OR INDUSTRY: Farming + Carpentry

BIRTHPLACE (State or foreign country): Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME: Frederick Greider

MOTHERS MAIDEN NAME: Sarah Kisor

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of ser.)

SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine)

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Roy Stocker

Address RR2 Syracuse Ind

Relationship to the deceased nephew

PLACE OF BURIAL Cremation or Removal

Cemetery Mt. Webster

DATE 12-18 1957

Location Mt. Webster

County Kosciusko State Indiana

CEMETERY LOT NO. Owner of Lot

Section Grave No.

RELIGION Protestant

CLERGYMAN Rev. Carl Gable

Address Syracuse, Ind. Phone No.

FUNERAL DATE Dec. 18, 1957

TIME 2:00 P.M. DST

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Melvin Brasel, Charley Moore, Ralph Black, Fred Black, Walter Knipple, Adrain Archer

FUNERAL DIRECTED BY L. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____

REVENUE ITEMS AND THEIR COST

Cost of Casket		235
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment 961 00/100
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

Outside Receptacle 95 00/100
Clothing 3 99
Foot Wear . . . . .
. . . . .
Total (A) 1059 95/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience

Cemetery Charges 25 00/100
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls . . . . .
R. R. Transportation . . . . .
Flowers 10 00/100
Clergyman . . . . .
Special Music . . . . .
Obituary Notices 10 00/100
Singers . . . . .
. . . . .
. . . . .
Ambulance 15 00/100
Total (B) 60 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
. . . . .
Total (C) _____

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

15

FUNERAL PURCHASE RECORD

16 Dec No. 152

_____ 195__

Full name of deceased Arthur A. Snider Age _____

Deceased is (Give relationship) _____ of person arranging services.

(A) Services, including merchandise . . . $ 60 00/100

(B) Accommodation Items . . . . . $ 1119 95/100

Total (A & B) $ 1059 00/100

* (C) Additional items ordered later . . . $ _____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ _____

My, or our, preference for settlement is:

Terms _____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By _____

I, or we, accept and approve the above.

_____ Signature of Purchaser

_____ Address

_____ City _____ State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
1/10/58	11.95	11.95	-0-
		Paid in full 1/10/58 Pam	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

The Forgery

Date Dec 16 1957

M. Moore Funeral Home

Address

Sold by Am't Rec'd

1	shirt	3	95
2			
3			
4			
5			
6	Card		
7	Return		
8			
9			
10			
11			
12			
13			
14	35		
15			

IN CASE OF ERROR, RETURN THIS CHECK

RECORD OF FUNERAL

No. 151

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Frebran (Middle) none (Last) Clawson
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell
STREET ADDRESS (If rural, give location)
USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Ind.
CAUSE OF DEATH Coronary occlusion
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cromwell | LENGTH OF STAY (in this place) 11 yrs.
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. J. D. Hall, Coroner
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none
Address K'ville Phone No.
SURVIVED BY widow Maude Phone No.
2 sisters - Mrs. Beaulah Hall - Millersburg
Mrs. Lulu Grossman - Toledo, O.

DATE OF DEATH (Month) December (Day) 12 (Year) 1957 (Hour) 7:00 PM
SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
Name of husband or wife Maude | Age of husband or wife if alive
DATE OF BIRTH Sept 30, 1884 | AGE (In years last birthday) 73 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | KIND OF BUSINESS OR INDUSTRY St Highway
BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Unknown
MOTHER'S MAIDEN NAME Unknown

RELIGION Protestant
CLERGYMAN Rev. Robert Wright
Address Cromwell Ind. Phone No.
FUNERAL DATE Saturday Dec 14, 1957
TIME 2:00 PM
PLACE L.H. Moore Funeral Home
FRATERNAL AFFILIATIONS

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. 309-10-5664
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Mrs. Maude Clawson
Address Cromwell, Ind | Relationship to the deceased wife

SINGERS

BEARERS

PLACE OF BURIAL Cremation or Removal
Cemetery Oak Park | DATE 12-14 1957
Location Laotonia
County Noble State Ind.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L.H. Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		173
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral		☞
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

14

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 151

12 Dec 195 7

Full name of deceased Fabian Clawson Age 73

Deceased is Husband of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service, Preparation and Preservation, Funeral Facilities and Equipment, Visitors Register, Acknowledgment Cards, Funeral Car or Sedan, Casket Coach, Casket	747 00/100
Outside Receptacle	95 00/100
Clothing	
Foot Wear	
Total (A)	842 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	35 00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	35 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

(A) Services, including merchandise . . . $ 842 00/100

(B) Accommodation Items . . . . . $ 35 00/100

Total (A & B) $ 877 00/100

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 877 00/100

My, or our, preference for settlement is:

Terms Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-11-57	87.00	87.00	—

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

No. 190 Dec 18 1957

Received of Moore Funeral Home

Thirty five & no/100 **Dollars**

Grave opening for F. Clawson

AMOUNT OF ACCOUNT	35 00
AMOUNT PAID	35 00
BALANCE DUE	— 0 —

BROOMER CEMETERY ASSOCIATION

BY Russell Smith

BUSINESS SERVICE CO. OF AMERICA, KENDALLVILLE, IND.

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED,
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Freeman Clawson
(NAME OF DECEASED)

309-10-5644
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

RECORD OF FUNERAL

No. 150

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Harvey (Middle) Harrison (Last) Galloway

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell

STREET ADDRESS (If rural, give location): E. Orange

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
STATE: Ind COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Noble STATE: Ind.

CAUSE OF DEATH: Coronary occlusion

AUTOPSY YES ☐ NO ☐

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell
LENGTH OF STAY (in this place): 65

PHYSICIAN: Dr. P. F. Stultz
Address: Lygonier, Ind. Phone No.:

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): E. Orange St.

SURVIVED BY: Widow - Bernice Phone No.:
3 daughters Mrs Eugenia Sinclair Eng. Mowel Buell
Rose Ann Lawson - 3 sons Richard, Lester
Lowell, 3 Bros. Jessie - Bloomington
Med - Crom - Marion, Ky. 1 sis
Mrs Mildred Hahn - Ft Wayne
12 grandchildren

DATE OF DEATH: (Month) December (Day) 3 (Year) 1957 (Hour) 5:15 P

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): married

Name of husband or wife: Bernice | Age of husband or wife if alive: years

DATE OF BIRTH: Aug 26, 1892 | AGE (In years last birthday): 65 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | KIND OF BUSINESS OR INDUSTRY: St Highway Comm.

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY?: U.S.a.

FATHER'S NAME: George Galloway

MOTHER'S MAIDEN NAME: Mary Archer

RELIGION: Protestant

CLERGYMAN: Rev. Peter Quiring
Address: Cromwell Phone No.:

FUNERAL DATE: Sat Dec 7, 1957

TIME: 2:00 PM D.S.T.

PLACE: Lyonmoore Funeral Home

FRATERNAL AFFILIATIONS: Masons, K. of P. American Legion, Scottish Rite, Shrine, V.F.W. & Eastern Star

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of ser.): WW I + WW II | SOCIAL SECURITY NO.: 303-16-8921

BRANCH OF SERVICE (Army, Navy or Marine): Army | (Regiment, Company or Command): Co. A. 306th Bn. Sani Corps.

ENLISTED: Aug. 5, 1917 | DISCHARGED: April 9, 1919

NAME OF WAR: WW I | SERIAL NO.: 1572 134

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Lester Galloway
Address: Lygonier, Ind | Relationship to the deceased: son

PLACE OF BURIAL
Cremation ☐ Removal ☐
Cemetery: Indian Village | DATE: Dec 7 1957
Location:
County: Noble State: Ind.

SINGERS:

BEARERS: Masons'

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY: L H Moore License No.: 1752
EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		150
*Outer Case-Cost	$60.00 Selling Price	95.00
*Embalming - "	$_____ " "	
*Clothing - - "	$_____ " "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____

Gross Profit on Funeral _____

**Less Operation Cost per Funeral _____

Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

HARVEY H. GALLOWAY
(NAME OF DECEASED)

303-16-8921
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42483-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

13

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 150

Nov 20 1957

Full name of deceased Harvey H Williams Age 65

Deceased is father of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

657 00/100

Outside Receptacle 95 00/100

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 752 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00/100
Additional Autos . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) 25 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

(A) Services, including merchandise . . . $ 752 00/100

(B) Accommodation Items . . . . . $ 25 00/100

Total (A & B) $ 777 00/100

* (C) Additional items ordered later . . . $ _____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 777 00

My, or our, preference for settlement is:

Terms [redacted]

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

_____ Signature of Purchaser

_____ Address

_____ City _____ State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12/21/57	777 00	527 00	250 00
12/24/57	250 00	100 00	150 00
1/9/58	150 00	150 00	00

Both Co. on 2 out

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 149

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Kitty (Middle) Victoria (Last) Johnston

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH
COUNTY St. Joseph STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mishawaka
LENGTH OF STAY (in this place) 1 wk
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital
DATE OF DEATH (Month) November (Day) 17 (Year) 1957 (Hour) 4:45 P

CAUSE OF DEATH
AUTOPSY YES ☐ NO ☑
PHYSICIAN
Address Phone No.
SURVIVED BY Phone No.
3 daughters - Mrs. Cora Gongwer - Kimmell
Mrs. Faye Emery - Ft Bend
Mrs. Esther Browning - Mishawaka
3 sons - Carl Johnston Lyle. Bend
Clyde Johnston - Lagonier
Fred Johnston - Coldwater, Mich.
23 grand children - 1 great grand child

SEX Female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
Name of husband or wife Brown | Age of husband or wife if alive
DATE OF BIRTH June 22, 1881 | AGE (In years last birthday) 76 | If Under 1 Year: Months | Days | Hours | If Under 24 Hrs. Min. | years
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY
BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U. S. a
FATHER'S NAME Rufus Barcus
MOTHER'S MAIDEN NAME Sarah Ellen Mayfield
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no. | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.
BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

RELIGION Methodist
CLERGYMAN Rev. Albert Ryder
Address Wewaka, Ind Phone No.
FUNERAL DATE November 20, 1957
TIME 2:00 P.M.
PLACE Kimmell Methodist Church
FRATERNAL AFFILIATIONS

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Carl Johnston
Address Ft. Bend Ind. | Relationship to the deceased Son

SINGERS

PLACE OF BURIAL
Cremation or Removal
Cemetery Burial | DATE 11-20 1957
Location Kimmell
County Noble | State Ind.

BEARERS George Foster, George Williamson
Keith Hicks, Jr. Kaufel
John Rosenagle, Fug Fahsenaugh

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moon License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	119.50
*Outer Case-Cost $60.00 Selling Price 95.00	
*Embalming - " $_____ " " _____	
*Clothing - - " $_____ " " _____	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

12

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 149

18 Nov. 195 7

Full name of deceased Kitty V. Colston Age 76

Deceased is brother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 571 00/100

Outside Receptacle 95 00/100

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 666 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00/100
Additional Autos . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) 20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

(A) Services, including merchandise . . . $ 666 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 686 00/100

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 686 00/100

My, or our, preference for settlement is:

Terms 1/2 00/100 Discount if paid on or before Dec. 3, 1957 / Net Dec 18, 1957

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-3-57	41 [illegible]	47 [illegible]	1 [illegible] Due 4

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 148

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Ada (Middle) Elizabeth (Last) Iden

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH
COUNTY St. Joe STATE Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural So Bend
LENGTH OF STAY (in this place) 1 day
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

DATE OF DEATH (Month) November (Day) 10 (Year) 1957 (Hour)

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

Name of husband or wife Arthur | Age of husband or wife if alive

DATE OF BIRTH April 19, 1885 | AGE (In years last birthday) 72 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Joseph Miller

MOTHER'S MAIDEN NAME Julia Black

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Ralph Iden
Address Cromwell, Ind RR | Relationship to the deceased Son

PLACE OF BURIAL
Cremation or Removal
Cemetery Indian Village | DATE Nov. 12 19 1957
Location
County Noble State Ind.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH Arteriosclerosis + Heart Disease
AUTOPSY YES ☐ NO ☑
PHYSICIAN Dr. Spinner
Address So. Bend Phone No.
SURVIVED BY Phone No.
1 daughter - Dorothy Thyrer, Kendallville
4 sons - Orval - Mishawaka
Ray - RR #4 Albion
Ralph - RR Cromwell
James - " "
13 grandchildren
14 Great grandchildren

RELIGION Protestant
CLERGYMAN Rev. Carl Gable
Address Syracuse Ind. Phone No.
FUNERAL DATE Nov. 13, 1957
TIME 1:30 PM
PLACE Frame Church
FRATERNAL AFFILIATIONS

SINGERS Cromwell Vault

BEARERS

FUNERAL DIRECTED BY D. H. Moore License No. 1752
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	152.50	
*Outer Case-Cost $60.00 Selling Price		
*Embalming - " $ " "		
*Clothing - - " $ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral ☞		
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

FEDERATED

11

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No 148

Nov 11 1957

Full name of deceased Ada Elizabeth Sim Age 72

Deceased is brother (Give relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

637 00/100

Outside Receptacle 95 00/100

Clothing 17 95/100

Foot Wear . . . . . ———

. . . . . ———

Total (A) 749 95/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00/100

Additional Autos . . . . . ———

Telegrams . . . . . ———

Long Distance Telephone Calls . ———

R. R. Transportation . . . . ———

Flowers . . . . . ———

Clergyman . . . . . ———

Special Music . . . . . ———

Obituary Notices . . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (B) 20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

. . . . . ———

Total (C) ———

Total Amount

(A) Services, including merchandise . . . $ 749 95/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 769 95/100

* (C) Additional items ordered later . . . $ ———

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 769 95/100

My, or our, preference for settlement is:

Terms $12 75 Less if paid in full on or before Nov. 25, 1957 Net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By J H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
11/20/57	174 95	166 20	1 27 75 Due

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 147

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Eliza (Middle) Jane (Last) Spring

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Noble STATE Indiana

CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimmell

LENGTH OF STAY (in this place) 38 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None

CAUSE OF DEATH Cardiac Failure

AUTOPSY YES ☐ NO ☑

PHYSICIAN James Chase M.D.

Address Ligonier, Ind. Phone No.

SURVIVED BY Husband - James Phone No.

5 daughters Mrs. Melvina Fisher, Kimmell

Mrs. Quilleen Moon "

Mrs Effie Headley "

Mrs. Beatrice Liddy Flora, Ill.

Mrs. Georgia Dean Bussa, Niles, Mich.

1 son - Beachy Spring - Elkhart

1 Bro - M. A. Penrod - St Louis, Mo.

2 sisters - Mrs Fred Reed Syracuse Ind.

Mrs. D H. Carrow, Bremen

2 half sisters - Mrs. Wm Gillmer - Bremen

Mrs. Beaulah Kitty - Monroe, Mich.

DATE OF DEATH (Month) August (Day) 12 (Year) 1957 (Hour) 3:00 AM

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married

Name of husband or wife James | Age of husband or wife if alive

DATE OF BIRTH Aug 8 1893 | AGE (In years last birthday) 64 | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana | CITIZEN OF WHAT COUNTRY? U S A

FATHER'S NAME George Penrod

MOTHER'S MAIDEN NAME Ivd Bell

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. Melvina Fisher

Address Kimmell Ind | Relationship to the deceased daughter

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

Location Kimmell

County Noble State Ind.

DATE 8/14 1957

RELIGION Protestant

CLERGYMAN Rev. Mark B. Spacht

Address Kimmell Phone No.

FUNERAL DATE Aug 14, 1957 Wed.

TIME 2:00 P M

PLACE Sparta Christian Church

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Gilden Fauvaugh Carl Weber. Lee LeMieux, George Fisselmann Bob Mynhier, John Umbaugh

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY A. H. Moore License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	16950
*Outer Case-Cost $ 15.00 Selling Price	
*Embalming - " $ _____ " "	
*Clothing - - " $ _____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

10

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 147

12 Aug 195 7

Full name of deceased Elija [illegible] Age 47

Deceased is [illegible] of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

747 00/100

Outside Receptacle 100 00/100

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) 847 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00/100
Additional Autos . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) 20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) ____

Total Amount

(A) Services, including merchandise . . . $ 847 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 867 00/100

* (C) Additional items ordered later . . . $ ____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ ____

My, or our, preference for settlement is:

Terms #149.00 discount if paid in full on or before Aug. 27, 1957

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

____
Signature of Purchaser

____
Address

____
City State

____ ____ ____
Signature of Co-purchaser Street Address City and State

____ ____ ____
Signature of Co-purchaser Street Address City and State

____ ____ ____
Signature of Co-purchaser Street Address City and State

____ ____ ____
Signature of Co-purchaser Street Address City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
10/7/57	176.7 -	76.7 -	100.00
10/10/57	100 -	100.00	.00
		Paid in Full 10/10/57 EHM	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 146

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Esther (Middle) Amelia (Last) Stabler

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE COUNTY PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wolf Lake

LENGTH OF STAY (in this place) 1 day

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lucky

DATE OF DEATH (Month) July (Day) 19 (Year) 1957 (Hour) 6:40 P.

SEX female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

Name of husband or wife Harry | Age of husband or wife if alive

DATE OF BIRTH May 7, 1898 | AGE (In years last birthday) | If Under 1 Year: Months | Days | Hours | Min. | If Under 24 Hrs. years

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio | CITIZEN OF WHAT COUNTRY? U. S. a.

FATHER'S NAME Philip White

MOTHER'S MAIDEN NAME Sophia Kuback

WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Harry M. Stabler
Address Pierceton RR 1 | Relationship to the deceased Husband

PLACE OF BURIAL Cremation or Removal | DATE
Cemetery Lehman | 19
Location Payne
County Paulding State Ohio

CEMETERY LOT NO. 195 Owner of Lot Harry M Stabler
Section Grave No. 3

SPECIAL REMARKS

CAUSE OF DEATH Generalized Carcinomatosis
AUTOPSY YES ☐ NO ☐
PHYSICIAN Dr. J. R. Roth
Address Wolf Lake Phone No.
SURVIVED BY Phone No.
Husband – Harry
2 sons – Samuel, Roanoke
Ted, Ft. Wayne
1 daughter
Mrs. Ray Rupprecht, Wilmot
7 grand children
1 Bro. Oliver White of Payne
3 sis – Mrs. Oliver Birkhold, Three Rivers, Mich.
Mrs. Otto Kruse, Conway Ohio
Mrs. Walter Montjoy, Hicksville, Ohio.
RELIGION Protestant
CLERGYMAN Rev. Hys. L. Schroyer
Address Millersburg Phone No.
FUNERAL DATE July 20, 1957
TIME 1:00 P.M.
PLACE Calvary Lutheran Church
FRATERNAL AFFILIATIONS Member of I

SINGERS

BEARERS

FUNERAL DIRECTED BY L. A. Moore License No. 1952
EMBALMER'S LICENSE NO. 4180

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		167
*Outer Case-Cost $95.00	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

9

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

20 July No. 146 7

Esther A. Stabler 59

Full name of deceased _____ Age _____

Deceased is Wife (Give relationship) of person arranging services.

816

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

721 00/100

Outside Receptacle 95 00

Clothing . . . . .
Foot Wear . . . . .
. . . . . 8 16 00

Total (A) _____

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00
Additional Autos . . . . .
Telegrams . . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . . .
Clergyman . . . . .
Special Music . . . . .
Obituary Notices . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . 25 00

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .
. . . . . .

Total (C) _____

Total Amount

(A) Services, including merchandise . . . $ 25 00

(B) Accommodation Items . . . . . $ 841 00

Total (A & B) $ _____

* (C) Additional items ordered later . . . $ 841 00
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ _____

My, or our, preference for settlement is: Discount 5% 15 days

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

Henry M. Stabler
Signature of Purchaser

Address

City State

L. H. MOORE FUNERAL HOME

L H Moore
By

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/27/57	84 1 00	82 6 00	15 00 Rec
		$1 in full	
		Refund	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 145

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Sylvia (Middle) Bell (Last) Jaquay
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH COUNTY: Noble STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell
LENGTH OF STAY (In this place): 50 yrs.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Olive St.
DATE OF DEATH (Month): July (Day): 11 (Year): 1957 (Hour): 9:30 P.
SEX: female COLOR OR RACE: white MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
Name of husband or wife: Herb Jaquay Age of husband or wife if alive: years
DATE OF BIRTH: Nov. 7, 1868 AGE (In years last birthday): 88 If Under 1 Year: Months: Days: If Under 24 Hrs.: Hours: Min.:
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife KIND OF BUSINESS OR INDUSTRY:
BIRTHPLACE (State or foreign country): Indiana CITIZEN OF WHAT COUNTRY?: U. S. A.
FATHER'S NAME: Samuel Braden
MOTHER'S MAIDEN NAME: Jennie Rudenbo
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of ser.) SOCIAL SECURITY NO.: none
BRANCH OF SERVICE (Army, Navy or Marine): (Regiment, Company or Command):
ENLISTED: DISCHARGED:
NAME OF WAR: SERIAL NO.:
INFORMANT (Hospitals follow Special Instructions on this item) Signature: Braden Hadley
Address: Cromwell, Ind Relationship to the deceased: son
PLACE OF BURIAL Cremation or Removal Cemetery: Rose Hill DATE: 7/13 1957
Location: Albion
County: Noble State: Ind.

CAUSE OF DEATH:
AUTOPSY YES ☐ NO ☐
PHYSICIAN: Dr. D. F. Sturly
Address: Ligonier, Ind. Phone No.:
SURVIVED BY: Phone No.:
1 son Braden Hadley
1 grand child
2 great "
1 Bro. Lee Braden, Wolf Lake

RELIGION: Lutheran
CLERGYMAN: Rev. Geo. L. Schroyer
Address: Millersburg Phone No.:
FUNERAL DATE: July 13, 1957 Sat.
TIME: 2:00 PM
PLACE: L A Moore Funeral Home
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS: Vern Lindsey, John Kohr, Merl Siebert, Hal Hontz,

CEMETERY LOT NO.: Owner of Lot:
Section: Grave No.:
FUNERAL DIRECTED BY: L A Moore License No.: 1752
EMBALMER'S LICENSE NO.: 718

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	86
*Outer Case-Cost $40 Selling Price	
*Embalming - " $ " "	
*Clothing - - " $ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

763

8

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED DIRECTORY OF AMERICA

FUNERAL PURCHASE RECORD

No. 145

12 July 195 7

Full name of deceased Sylvia (Hadley) Jaquay Age 88

Deceased is mother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 457 00

Outside Receptacle 100 00
Clothing 21 95
Foot Wear . . . .
. . . .
Total (A) 578 95

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 25 00
Additional Autos . . . .
Telegrams . . . .
Long Distance Telephone Calls .
R. R. Transportation . . . .
Flowers . . . .
Clergyman 10 00
Special Music . . . .
Obituary Notices . . . .
. . . .
. . . .
. . . .
. . . .
Total (B) 35 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . .
. . . .
. . . .
. . . .
. . . .
. . . .
. . . .
. . . .
Total (C)

Total Amount

(A) Services, including merchandise . . . $ 578 95

(B) Accommodation Items . . . . . $ 35 00

Total (A & B) $ 613 95

* (C) Additional items ordered later . . . $

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L H Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
7/12/57	61395	61395	Pd in full Ltr

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 144

BURIAL PERMIT NO.
DECEDENT'S BIRTH NO.

NAME OF DECEASED: (First) Harmon (Middle) M. (Last) Harper
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Noble STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wolf Lake
LENGTH OF STAY (In this place):
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Buckley Hospital

DATE OF DEATH: (Month) June (Day) 18 (Year) 1957 (Hour) 5:00 P.
SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
Name of husband or wife: Helen | Age of husband or wife if alive:
DATE OF BIRTH: May 30 1914 | AGE (In years last birthday): 43 | If Under 1 Year: Months / Days / Hours | If Under 24 Hrs.: Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm | KIND OF BUSINESS OR INDUSTRY:
BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY? U.S.a.
FATHER'S NAME: Frank B. Harper
MOTHER'S MAIDEN NAME: Helen Esta Snyder
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 313-34-8412
BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)
ENLISTED | DISCHARGED
NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Helen Harper
Address: Cromwell | Relationship to the deceased: wife

PLACE OF BURIAL
Cremation or Removal
Cemetery: Oak Park | DATE: 6-20-1957
Location: Ligonier
County: Noble State: Ind.

CEMETERY LOT NO. Owner of Lot
Section Grave No.

CAUSE OF DEATH: Coronary Occlusion
AUTOPSY YES ☐ NO ☒
PHYSICIAN: Dr. Hunt
Address: Wolf Lake Phone No.
SURVIVED BY: Wife Helen Phone No.
4 daughters Mary Esther, Becky, Betty Jo, & Susan Kaye
4 sons - Eddie, Jim & Tom, Danny
Mr & Mrs Frank B. Harper
2 Bros. Howard - Worthington, Ind.
Robert - Chandler, Ind.
1 sister Mrs. Mildred Lehrmann Avon, Wawasee

RELIGION: Prot.
CLERGYMAN: Rev. R. E. Maynard.
Address Phone No.
FUNERAL DATE: June 20, 1957
TIME: 2:00 P.M.
PLACE: L. A. Moore Funeral Home
FRATERNAL AFFILIATIONS: Alpha Gamma Rho - Frat
Lions Club. Noble Co. Soil Conservation supervisors
SINGERS: Director Ind. St. Livestock Breeders Assn.

BEARERS: Delosa Maggart, Denny Brown, Wayne Archbold, Kenneth Stonebraker, Claude Swartz

FUNERAL DIRECTED BY L. A. Moore License No. 1752
EMBALMER'S LICENSE NO. 41 D

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	200
*Outer Case-Cost $_____ Selling Price	
*Embalming - " $_____ " "	
*Clothing - - " $_____ " "	
Livery	
Total	
Total Cash Advances	
Discount (if not figured in operation cost)	
Total Net Cost of Funeral ☞	
Gross Profit on Funeral	
**Less Operation Cost per Funeral	
Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R282.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Harmon M. Harper
(NAME OF DECEASED)

313-34-8412
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

895 00

Outside Receptacle . . . . . ____

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) 895 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . ____
Additional Autos . . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) ____

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) ____

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 144

18 June 195 7

Full name of deceased Harmon M. Harper Age 43

Deceased is Husband. (Give relationship) of person arranging services.

(A) Services, including merchandise . . . $ 895 00/100

(B) Accommodation Items . . . . . $ ____

Total (A & B) $ ____

* (C) Additional items ordered later . . . $ ____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 895 00/100

My, or our, preference for settlement is:

Terms ____

____
Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ____

____ Signature of Purchaser

____ Address

____ City State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
9/4/57	89 5 00	89 5 00	
		pd in full	
		9/4/57	
		Ryan	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 143

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Clara (Middle) alice (Last) Wright

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH COUNTY Elkhart STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waterford

LENGTH OF STAY (In this place) 5 mos.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weaver Conv. Home

DATE OF DEATH (Month) June (Day) 11 (Year) 1957 (Hour)

CAUSE OF DEATH

AUTOPSY YES ☐ NO ☑

PHYSICIAN

Address Waterford Phone No.

SURVIVED BY Phone No.

2 sons - Ercell Wright of near No. Webster
Clarence " " Cromwell
1 daughter - Mrs. Troy DePoy of Mishawaka
2 Bro. O. D. Galloway of So. Bend.
O.B. Galloway by Columbus, Ohio
2 sisters -
Mrs. Etta Wright, Auburn
Mrs. Ora Hydman, Cromwell
6 grand children
5 great grand children

SEX Female | COLOR OR RACE White | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

Name of husband or wife Theodore | Age of husband or wife if alive years

DATE OF BIRTH Aug. 11, 1868 | AGE (In years last birthday) 88 | If Under 1 Year: Months | Days | Hours | If Under 24 Hrs. Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ind. | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Anderson Galloway

MOTHER'S MAIDEN NAME Harriett Miller

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO. none

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature Clarence Wright
Address Cromwell, Ind. | Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE 6-14-1957
Location Kimmell
County Noble State Ind.

RELIGION Methodist
CLERGYMAN Rev. Robert Wright
Address Phone No.
FUNERAL DATE June 14, 1957
TIME 2:00 P.M.
PLACE L. H. Moore Funeral Home
FRATERNAL AFFILIATIONS

SINGERS

BEARERS Ray Jones, Harold Paschauschky
Ernest Wilkinson, Otto Miller
Gary Idem, Lee Prentice

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS Cromwell Vault

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		119.50
*Outer Case-Cost $ 60.00	Selling Price	
*Embalming - " $ _____	" "	
*Clothing - - " $ _____	" "	
Livery		
	Total	
Total Cash Advances		
Discount (if not figured in operation cost)		
	Total Net Cost of Funeral	☞
	Gross Profit on Funeral	
**Less Operation Cost per Funeral		
	Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

7/1/57

501 Leinhart St
Mishawaka, Ind

Mr Lloyd Moore
Cromwell
Indiana

As I understand the account it is as follows:

Total	699.00
Paid	400.
	299.00
101 club	100.00
	199.00
discount	11.22
	187.78

Please find check enclosed and if this is correct, will you please send me a receipt, paid in full, for any future records

Sincerely
Troy K. DePoy

P.S. I have taken care of the lettering on the stone at cemetery.

763

6

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 143

11 June 195 7

Full name of deceased Clara A. Wright Age 88

Deceased is mother of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 561 00

Outside Receptacle 90 00
Clothing 28 00
Foot Wear . . . . . —
. . . . . —
Total (A) 679 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience

Cemetery Charges 20 00
Additional Autos . . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
Total (B) 20 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
Total (C) —

Total Amount

(A) Services, including merchandise . . . $ 679 00

(B) Accommodation Items . . . . . $ 20 00

Total (A & B) $ 699 00

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 699 00

My, or our, preference for settlement is: $11.27 Discount if pd in full on or before June 26, 1957

Terms

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By L. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22
Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
6-11-57	49 00	40 00	9 00
7-12-57	9 00	1 87 78	11 122
7-6-57	11 122	100 00	1 122 Disc
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 1-12

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Infant (Middle) (Boy) (Last) Fisher

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Indiana COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Noble STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendallville

LENGTH OF STAY (in this place)

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCray Memorial Hospital

DATE OF DEATH (Month) April (Day) 25 (Year) 1957 (Hour)

CAUSE OF DEATH Diabetis Coma Diabetis

AUTOPSY YES ☐ NO ☑

PHYSICIAN Dr. C M Bowman

Address Albion Phone No.

SURVIVED BY Parents Phone No.

& Boy Baby

maternal grandparents Mr & Mrs James Spring

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife

Age of husband or wife if alive

DATE OF BIRTH same

AGE (In years last birthday) years

If Under 1 Year: Months Days

If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country)

CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Maurice Fisher

MOTHER'S MAIDEN NAME Melvina Spring

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. —

BRANCH OF SERVICE (Army, Navy or Marine) —

(Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Mrs. James Spring

Address Kimmell

Relationship to the deceased Grandmother

PLACE OF BURIAL Cremation or Removal

Cemetery Spohr

Location Kimmell

County Noble State Ind.

DATE 4-26 1957

RELIGION Protestant

CLERGYMAN Rev. Mark B Spacht

Address Kimmell Phone No.

FUNERAL DATE Graveside April 26, 1957

TIME 2:00 PM

PLACE

FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot

Section Grave No.

FUNERAL DIRECTED BY L H Moon License No. 1752

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTIO. ASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service	
Preparation and Preservation	
Funeral Facilities and Equipment	
Visitors Register	
Acknowledgment Cards	
Funeral Car or Sedan	
Casket Coach	
Casket	
Outside Receptacle	
Clothing	
Foot Wear	
Total (A)	

(B) ACCOMMODATION ITEMS

Tax	
Cemetery Charges	
Additional Autos	
Telegrams	
Long Distance Telephone Calls	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
Total (B)	

(C) ADDITIONAL ITEMS ORDERED LATER

Total (C)	
Total Amount	

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

85.00

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 85.00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 5.00
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) 5.00

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

21 April 19 42
No. _____

Instant Tester 195_

Full name of deceased _____ Age _____

Deceased is _____ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 85.00

(B) Accommodation Items . . . . . $ 5.00

Total (A & B) $ _____

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 90.00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

_____
Signature of Purchaser

_____
Address

_____
City State

L. H. MOORE FUNERAL HOME

By _____

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
5-1-57	90 00	90 00	—

RECORD OF FUNERAL

No. 141

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Raymond (Middle) Randolph (Last) Bickel Sr.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

PLACE OF DEATH: Kimmell

COUNTY: Noble STATE: Ind.

STATE: Ind. COUNTY: Noble PHONE:

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kimmell

LENGTH OF STAY (in this place): 7 yrs

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

CAUSE OF DEATH:

AUTOPSY YES ☐ NO ☒

PHYSICIAN: Dr. Paul L. Webster

Address: Lagrange, Ind. Phone No.:

SURVIVED BY: widow — Phone No.:

1 daughter Orvileen Moore of near Kimmell
1 son Jr. Bickel - Garrett
8 grandchildren
6 great grandchildren
1 Bro of Polly A. Gochin

DATE OF DEATH: (Month) April (Day) 7 (Year) 1957 (Hour) 12 noon

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

Name of husband or wife: Bernice | Age of husband or wife if alive:

DATE OF BIRTH: April 9 1888 | AGE (In years last birthday): 68 | If Under 1 Year: Months / Days / Hours / Min. | If Under 24 Hrs.: years

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad foreman | KIND OF BUSINESS OR INDUSTRY: B & O Railroad

BIRTHPLACE (State or foreign country): Indiana | CITIZEN OF WHAT COUNTRY: U.S.A.

FATHER'S NAME: William R. Bickel

MOTHER'S MAIDEN NAME: Catherine Baker

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.: 305-10-3538

BRANCH OF SERVICE (Army, Navy or Marine) | (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature: Mrs. Bernice Bickel

Address: Kimmell | Relationship to the deceased: Wife

PLACE OF BURIAL Cremation or Removal

Cemetery: Spada | DATE: 4-9-1957

Location: Kimmell

County: Noble State: Ind.

RELIGION: Protestant - Methodist

CLERGYMAN: Rev. Albert Rider

Address: Wawaka Phone No.:

FUNERAL DATE: April 9, 1957

TIME: 2:00 P.M.

PLACE: L. A. Moore

FRATERNAL AFFILIATIONS: Cromwell Masonic Lodge
Modern Woodsmen

SINGERS:

BEARERS: Erich Shuey, Ray Gregory, Linden Ray
Lewis A. Simon, Burl Campbell
Dwight Spring

CEMETERY LOT NO.: Owner of Lot:

Section: Grave No.:

FUNERAL DIRECTED BY: L A Moore License No.: 1752

EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		118
*Outer Case-Cost $ 60	Selling Price	
*Embalming - " $	" "	
*Clothing - - " $	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R289.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Raymond Randolph Bickel Sr.
(NAME OF DECEASED)

705-10-3538
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service Preparation and Preservation Funeral Facilities and Equipment Visitors Register Acknowledgment Cards Funeral Car or Sedan Casket Coach Casket	595 00/100
Outside Receptacle	100 00/100
Clothing	
Foot Wear	
. . . . .	
Total (A)	695 00/100

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges	20 00/100
Additional Autos	
Telegrams	
Long Distance Telephone Calls .	
R. R. Transportation	
Flowers	
Clergyman	
Special Music	
Obituary Notices	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
Total (B)	20 00/100

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . .	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
. . . . .	
Total (C)	
Total Amount	

FEDERATED

5

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 141

April 1957

Full name of deceased Raymond Randolph Eichel Jr. Age 18

Deceased is Husband of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 695 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 715 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 715 00/100

4%
C 5

My, or our, preference for settlement is:

Terms Discount $41.00/100

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
-57	~~77 50~~ 00	12 00	59 50 00
5/4/57	59 50 00	50 00	9 50 00
5/11/57	9 50 00	5 50 00	4 00 00 Wire
		Pd - on Inv # 5/11/57 Check	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 140

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Louis (Middle) Leonard (Last) Christine

CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

STREET ADDRESS (If rural, give location): Lake Wawasee

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

PLACE OF DEATH
COUNTY: Kosciusko STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural
LENGTH OF STAY (In this place): 14a.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alpan Nursing Home 6:30P.

DATE OF DEATH: (Month) March (Day) 24 (Year) 1957 (Hour)

SEX: male | COLOR OR RACE: white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH: April 17, 1881 | AGE (In years last birthday): 75 | If Under 1 Year: Months / Days | If Under 24 Hrs.: Hours / Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Manager | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country): Penn. | CITIZEN OF WHAT COUNTRY?: U.S.A.

FATHER'S NAME: James Hyatt Christine

MOTHER'S MAIDEN NAME: Sarah Elizabeth Wiggins

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | SOCIAL SECURITY NO.: 292-01-1771

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Paul Christine
Address: RR 3 Syracuse | Relationship to the deceased: son

PLACE OF BURIAL
Cremation or Removal
Cemetery: Woodland | DATE: 3-28 1957
Location: Dayton
County: | State: Ohio

CEMETERY LOT NO. | Owner of Lot
Section | Grave No.

CAUSE OF DEATH: Pneumonia, Hypostatic
AUTOPSY: YES ☐ NO ☐
PHYSICIAN: Dr. Stalter
Address | Phone No.
SURVIVED BY | Phone No.
1 son Paul Christine RR 3 Syracuse
1 daughter - Mrs. Paul Wittle, Indianapolis
Mrs. Richard Timmer, Tokyo, Japan
Mrs. Don Connell, Dayton
Mrs. Phil Klum, Dayton
9 grand children

RELIGION: Protestant
CLERGYMAN
Address | Phone No.
FUNERAL DATE
TIME
PLACE: Hayne Funeral Home Dayton, Ohio
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

FUNERAL DIRECTED BY: Hayne Funeral Home | License No.
EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		225
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
	Total	
Total Cash Advances		
Discount (if not figured in operation cost)		
	Total Net Cost of Funeral ☞	
	Gross Profit on Funeral	
**Less Operation Cost per Funeral		
	Net Profit or Loss Apparent	

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R22.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

LOUIS LEONARD CHRISTINE
(NAME OF DECEASED)

292-01-1771
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

763

4

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 140

25 March 1957

Full name of deceased Lewis Leonard Christine Age 75

Deceased is father of person arranging services.
(Give relationship)

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

922 00

Outside Receptacle . . . . —

Clothing . . . . —

Foot Wear . . . . —

. . . . —

Total (A) 922 00

Less 90 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience 832

Cemetery Charges . . . . —

Additional Autos . . . . —

Telegrams . . . . —

Long Distance Telephone Calls . —

R. R. Transportation . . . . —

Flowers . . . . —

Clergyman . . . . —

Special Music . . . . —

Obituary Notices . . . . —

. . . . —

. . . . —

. . . . —

. . . . —

Total (B) —

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . —

. . . . —

. . . . —

. . . . —

. . . . —

. . . . —

. . . . —

. . . . —

Total (C) —

Total Amount

(A) Services, including merchandise . . . $ 832 00/100

(B) Accommodation Items . . . . . $ —

Total (A & B) $ —

* (C) Additional items ordered later . . . $ —

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 832 00

My, or our, preference for settlement is:

Terms net 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

L. H. MOORE FUNERAL HOME

By T. H. Moore

I, or we, accept and approve the above.

Signature of Purchaser

Address

City State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

Signature of Co-purchaser — Street Address — City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
3-25-57	8 3 2 00	2 0 0 00	6 3 2 00
4-11-57	6 3 2 00	6 3 2 00	—
		Paid in full	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 134

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) David (Middle) Allan (Last) Bromley

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmell

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Allen STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne

LENGTH OF STAY (in this place) 10 days

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview Memorial Hospital

DATE OF DEATH (Month) March (Day) 5 (Year) 1957 (Hour) 2:00 P.M.

SEX male

COLOR OR RACE white

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

Name of husband or wife

Age of husband or wife if alive

DATE OF BIRTH oct 10 1955

AGE (In years last birthday) 1

If Under 1 Year: Months 4 Days 25

If Under 24 Hrs.: Hours Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Indiana

CITIZEN OF WHAT COUNTRY? U.S.A.

FATHER'S NAME Floyd Bromley

MOTHER'S MAIDEN NAME Evelon Hirington

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.)

SOCIAL SECURITY NO. —

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED

DISCHARGED

NAME OF WAR

SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Floyd Bromley

Address Kimmell

Relationship to the deceased Father

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta

Location Kimmell

County Noble State Ind.

DATE 3-8 1957

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH Acute Virol-intinistiies

AUTOPSY YES ☒ NO ☐

PHYSICIAN Dr. Kuyes

Address Ft Wayne Phone No.

SURVIVED BY Phone No.

2 Bro - Robert + Charles

2 sistin - Nancy + Shirley

2 ½ sistin - Mrs. Doris Drake, Calif

Mrs. Margaret Davis, Romeo, Mich.

RELIGION Protestant

CLERGYMAN Rev. Albert Rider

Address Wawaka Phone No.

FUNERAL DATE 8 March 1957

TIME 2:00 P.M.

PLACE L.H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Raymond Groves

Robert Groves

John Moores

Gerry Mynhier

FUNERAL DIRECTED BY Lloyd H. Moore License No. 1752

EMBALMER'S LICENSE NO. 1180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____

Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount _____

NO.

March 5 19 57

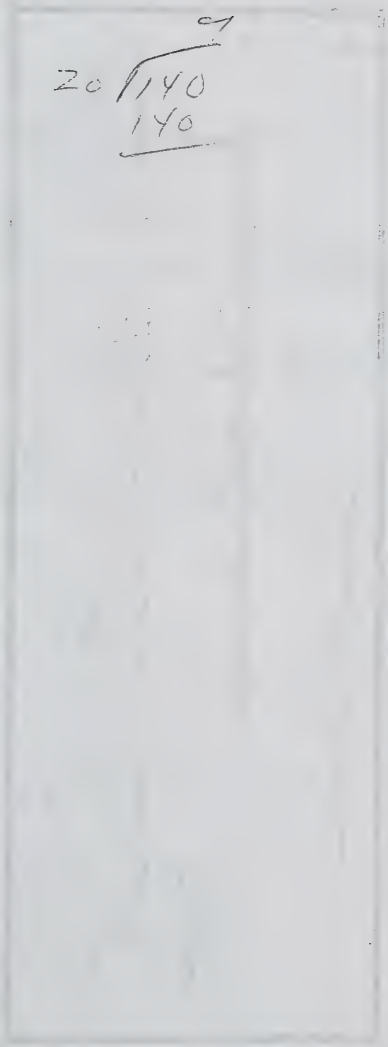
RECEIVED OF Packview Memorial Hospital

DOLLARS

FOR Body of David Bromley

$

Lloyd H. Moore


7
20 140
140

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket — 95 00/100

Outside Receptacle 35 00

Clothing . . . . . —
Foot Wear . . . . . —
. . . . . —

Total (A) 130 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 10 00
Additional Autos . . . . —
Telegrams . . . . . —
Long Distance Telephone Calls . —
R. R. Transportation . . . . —
Flowers . . . . . —
Clergyman . . . . . —
Special Music . . . . . —
Obituary Notices . . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (B) 10 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —
. . . . . —

Total (C) —

Total Amount

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME
CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 134

March 1957

Full name of deceased David Allan Bromley Age 15 mos

Deceased is son of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 130 00/100

(B) Accommodation Items . . . . . $ 10 00/100

Total (A & B) $ 140 00/100

* (C) Additional items ordered later . . . $ —
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 140 00/100

My, or our, preference for settlement is:

Terms $20 00 per month for 7 months
1st payment due April 11, 1957

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above

I, or we, accept and approve the above

L. H. MOORE FUNERAL HOME

By L H Moore

Signature of Purchaser

Address

Kimmell Ind.
City State

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
[illegible] 8, 1957	140 00	20 00	120 00
[illegible] 2 1957	120 00	10 00	110 00
[illegible] 25 1957	110 00	10 00	100 00
May 12, 1957	100 00	10 00	90 00
May 25, 1957	90 00	10 00	80 00
June 12, 1957	80 00	10 00	70 00
June 29, 1957	70 00	10 00	60 00
July 11, 1957	60 00	10 00	50 00
July 26, 1957	50 00	10 00	40 00
Aug. 9 1957	40 00	10 00	30 00
Aug 23, 1957	30 00	10 00	20 00
Sept 9 1957	20 00	10 00	10 00
Sept 26 1957	10 00	10 00	

Paid in full

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 138

BURIAL PERMIT NO.:

DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Joseph (Middle) Virgil (Last) McDonald

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Ind. COUNTY Noble PHONE

PLACE OF DEATH

COUNTY Whitley STATE Ind.

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia City

LENGTH OF STAY (in this place) 3 yrs.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Irvin Nursing Home

DATE OF DEATH (Month) March (Day) 3 (Year) 1957 (Hour) 6:00 AM

SEX male | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Mar 9, 1864 | AGE (In years last birthday) 92 years | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ohio | CITIZEN OF WHAT COUNTRY? U. S. A.

FATHER'S NAME Unknown

MOTHER'S MAIDEN NAME Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser.) No | SOCIAL SECURITY NO. None

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)

Signature Robert McDonald

Address RR #3 Syracuse, Ind. | Relationship to the deceased Son

PLACE OF BURIAL Cremation or Removal

Cemetery Sparta | DATE 3-5-1957

Location Kimmell

County Noble State Indiana

CEMETERY LOT NO. Owner of Lot

Section Grave No.

CAUSE OF DEATH Initial Pneumonitis

AUTOPSY YES ☐ NO ☒

PHYSICIAN Dr. E. V. Nolt

Address Col. City Phone No.

SURVIVED BY Phone No.

½ Brother Ed Suttle, N. H.

3 daughters - Mrs. Nora Warren, Montone
Mrs. Hazel Bracken, Rochester
Mrs. Alice Holdbrook, Milford

2 sons - Robert McDonald, Syracuse
Fred McDonald, ~~Syra~~ Cromwell

28 grand children

several great grandchildren

RELIGION

CLERGYMAN Rev. Wright

Address Phone No.

FUNERAL DATE L. H. Moore Funeral Home Mar 5, 1957

TIME 1:30 P. M.

PLACE L. H. Moore Funeral Home

FRATERNAL AFFILIATIONS

SINGERS

BEARERS Adrain Auckerman, Winston Counts
T. D. Howell, Glen Leslie
Merle Galloway, Jake Krueger

FUNERAL DIRECTED BY L. H. Moore License No. 1757

EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14

Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)
B. Cash Advanced for Accommodation Items _____
C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		86
*Outer Case-Cost $_____	Selling Price	
*Embalming - " $_____	" "	
*Clothing - - " $_____	" "	
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		

Total Net Cost of Funeral ☞ _____
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

Sparta Christian Church Cemetery, Kimmell, Indiana -- GRAVE OPENING REQUEST

DATE March 4, 1957

The undersigned hereby requests and authorizes the SPARTA CHRISTIAN CHURCH CEMETERY in accordance with and subject to its rules and regulations, to inter the remains of Joseph McDaniel

in Burial Space Lot 127 Lot 122 Section 5, Recorded in the name of Lucille V. McDaniel

Vault size Concrete Vault

Grave opening to be ready by 11:00 A.M./P.M. Date Tuesday, March 5 1957

and certifies and represents that he or she has the right to make such authorization, and agrees to hold the SPARTA CHRISTIAN CHURCH CEMETERY harmless from any liability on account of said authorization and interment.

The undersigned further agrees to pay the Cemetery the sum of $ 20.00 for grave opening

Earl H. Moore

(Signatures of relatives or legal representatives.)

Kimmell, Funeral Director

(Address and relationship to deceased or authority to sign.)

Funeral Director E. H. Moore Kimmell, Ind. Number

763

3

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No 138

4 March 1957

Full name of deceased Joseph V. McDonald Age 92

Deceased is Father (Give relationship) of person arranging services.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

410 00

Outside Receptacle 110 00

Clothing . . . . . ____
Foot Wear . . . . . ____
. . . . . ____

Total (A) 520 00

(B) INCIDENTAL ACCOMMODATION ITEMS
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 20 00
Additional Autos . . . . ____
Telegrams . . . . . ____
Long Distance Telephone Calls . ____
R. R. Transportation . . . . ____
Flowers . . . . . ____
Clergyman . . . . . ____
Special Music . . . . . ____
Obituary Notices . . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (B) 20 00

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____
. . . . . ____

Total (C) ____

Total Amount 540 00

(A) Services, including merchandise . . . $ 520 00/100

(B) Accommodation Items . . . . . $ 20 00/100

Total (A & B) $ 540 00/100

* (C) Additional items ordered later . . . $ ____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 540 00/100

My, or our, preference for settlement is:

Terms 1/3 30 days

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By ____

____ Signature of Purchaser

____ Address

____ City State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

____ Signature of Co-purchaser ____ Street Address ____ City and State

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
March 5, 1957	54 00	10 80	43 20
March 11, 1957	43 20	10 80	32 40
" 12, 1957	32 40	10 80	21 60
" 20, 1957	21 60	10 80	10 80
April 5 1957	10 80	10 80	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 137

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) Ethel (Middle) Gertrude (Last) Miller
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cromwell
STREET ADDRESS (If rural, give location):
USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE: Ind COUNTY: Noble PHONE:
PLACE OF DEATH COUNTY: Elkhart STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Goshen
LENGTH OF STAY (In this place): 5 wks.
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Goshen General Hospital
DATE OF DEATH (Month) February (Day) 8 (Year) 1957 (Hour) 4:00A
SEX: female
COLOR OR RACE: White
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
Name of husband or wife: John
Age of husband or wife if alive:
DATE OF BIRTH: Dec. 6, 1910
AGE (In years last birthday): 46
If Under 1 Year: Months / Days / Hours / Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
KIND OF BUSINESS OR INDUSTRY:
BIRTHPLACE (State or foreign country): Mississippi
CITIZEN OF WHAT COUNTRY?: U.S.A.
FATHER'S NAME: Boone
MOTHER'S MAIDEN NAME:
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of ser.):
SOCIAL SECURITY NO.:
BRANCH OF SERVICE (Army, Navy or Marine):
(Regiment, Company or Command):
ENLISTED:
DISCHARGED:
NAME OF WAR:
SERIAL NO.:
INFORMANT (Hospitals follow Special Instructions on this item) Signature: John Miller
Address: Cromwell, Ind
Relationship to the deceased: Husband
PLACE OF BURIAL Cremation or Removal Cemetery: Shoup
DATE: Feb 9 1957
Location:
County: Whitley State: Ind.
CEMETERY LOT NO.: Owner of Lot:
Section: Grave No.:

CAUSE OF DEATH: Hypostatic Pneumonia
AUTOPSY YES ☐ NO ☒
PHYSICIAN: Dr. Paul Webster
Address: Legonier, Ind. Phone No.:
SURVIVED BY: Husband, John Phone No.:
Mrs. Ethel Simmons of So Bend.
4 Grandchildren
1 step-son James Miller 4 Step-Grandchildren
2 Bros. Luther Boone - Oakland Calif
Alvin Boone - New Orleans
6 gr
RELIGION:
CLERGYMAN: Rev.
Address: Phone No.:
FUNERAL DATE: Feb. 9, 1957
TIME: 3:00 P.M.
PLACE: Wolf Lake 7day Adventist church
FRATERNAL AFFILIATIONS:
SINGERS:
BEARERS:
FUNERAL DIRECTED BY: License No.:
EMBALMER'S LICENSE NO.:
SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____ (Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket _____
*Outer Case-Cost $_____ Selling Price _____
*Embalming - " $_____ " " _____
*Clothing - - " $_____ " " _____
Livery _____
_____
_____
Total

Total Cash Advances _____
Discount (if not figured in operation cost) _____

Total Net Cost of Funeral ☞
Gross Profit on Funeral _____
**Less Operation Cost per Funeral _____
Net Profit or Loss Apparent _____

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

150 00/100

Outside Receptacle grave liner 30 00

Clothing 10 00/100

Foot Wear . . . . . _____

. . . . . _____

Total (A) 160 95/100

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) **ADDITIONAL ITEMS ORDERED LATER**

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

TRIPLICATE Form D.F 22 Copyrighted F. F. D. of A.

FEDERATED FUNERAL DIRECTORS OF AMERICA

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 137

8 Feb 1957

Full name of deceased ~~Ethel~~ Ethel H Miller Age 46

Deceased is Wife of (Give relationship) person arranging services.

(A) Services, including merchandise . . . $ 161 50/100

(B) Accommodation Items . . . . . $_____

Total (A & B) $_____

* (C) Additional items ordered later . . . $_____

It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 160 95/100 ~~150 00~~

My, or our, preference for settlement is:

Terms_____

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By _____

_____ Signature of Purchaser

_____ Address

_____ City _____ State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

_____ Signature of Co-purchaser _____ Street Address _____ City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____ 195____ Amt. $_____

Payment Received in Full_____ 195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
June 12, 1957	19.00	150.00	41.00
12/4/58	4.00		

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 136

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED (First) Infant (Middle) (Girl) (Last) Michael

CITY (If outside corporate limits, write RURAL and give township) OR TOWN

STREET ADDRESS (If rural, give location)

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE COUNTY PHONE

PLACE OF DEATH
COUNTY Allen STATE Ind.

CAUSE OF DEATH Stillborn

AUTOPSY YES ☐ NO ☑

CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Wayne | LENGTH OF STAY (In this place)

PHYSICIAN

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview

Address Phone No.

SURVIVED BY Phone No.

DATE OF DEATH (Month) Feb (Day) 4 (Year) 1957 (Hour) 4:30A

SEX female | COLOR OR RACE white | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Name of husband or wife | Age of husband or wife if alive

DATE OF BIRTH Feb 4, 1957 | AGE (In years last birthday) | If Under 1 Year: Months | Days | If Under 24 Hrs.: Hours | Min. 0 8

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | KIND OF BUSINESS OR INDUSTRY

BIRTHPLACE (State or foreign country) Ind. | CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Charles Michael

MOTHER'S MAIDEN NAME Janice Franks

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of ser.) | SOCIAL SECURITY NO.

BRANCH OF SERVICE (Army, Navy or Marine) (Regiment, Company or Command)

ENLISTED | DISCHARGED

NAME OF WAR | SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature

Address | Relationship to the deceased

PLACE OF BURIAL Cremation or Removal
Cemetery Sparta | DATE 2-5 1957
Location Kimmell
County Noble State Ind.

RELIGION Protestant
CLERGYMAN Rev D. L. Schroyer
Address Cromwell Phone No.
FUNERAL DATE 5 Feb. 1957
TIME 10:00 AM
PLACE Granada
FRATERNAL AFFILIATIONS

SINGERS

BEARERS

CEMETERY LOT NO. Owner of Lot
Section Grave No.

FUNERAL DIRECTED BY L H Moore License No. 1752
EMBALMER'S LICENSE NO. 4180

SPECIAL REMARKS

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total
Amount Paid - Cash - _____
Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket		
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____
Outside Receptacle . . . . . _____
Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____
Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____
Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
Total (C) _____

Total Amount _____

(A) **OUR SERVICE,** including merchandise selected

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

85 00/100

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 85 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
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. . . . . _____
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Total (B) _____

(C) **ADDITIONAL ITEMS ORDERED LATER**

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. . . . . _____

Total (C) _____

Total Amount

TRIPLICATE Form D.F 22
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L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FEDERATED FUNERAL DIRECTORS OF AMERICA

FUNERAL PURCHASE RECORD

No. 136

4 Feb 1957

Full name of deceased Infant Michael Age —

Deceased is daughter of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 85 00/100

(B) Accommodation Items . . . . . $_____

Total (A & B) $_____

* (C) Additional items ordered later . . . $_____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 85 00/100

My, or our, preference for settlement is:

Terms Lot

Legal rate of interest after maturity.

We agree to render the service and furnish the merchandise indicated above.

I, or we, accept and approve the above.

L. H. MOORE FUNERAL HOME

By L H Moore

_____ Signature of Purchaser

_____ Address

_____ City _____ State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

_____ Signature of Co-purchaser — Street Address — City and State

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
12-16-57	5 5 00	8 5 00	—
		Paid in full	
		Thank	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

RECORD OF FUNERAL

No. 135

BURIAL PERMIT NO.:
DECEDENT'S BIRTH NO.:

NAME OF DECEASED: (First) James (Middle) Edward (Last) Swartz

CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ligonier Ind.

STREET ADDRESS (If rural, give location):

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE: Ind. COUNTY: Noble PHONE:

PLACE OF DEATH
COUNTY: Noble STATE: Ind.
CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wolf Lake
LENGTH OF STAY (in this place): 5 days
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Luckey Hospital
DATE OF DEATH: (Month) January (Day) 24 (Year) 1957 (Hour) 5:45 PM

CAUSE OF DEATH: Dr. Hunt. Dr. Walter Hunt
AUTOPSY: YES ☐ NO ☑
PHYSICIAN: Vascular Collapse - Hypostatic Pneumonia
Address: Phone No.:
SURVIVED BY: widow, Roberta Phone No.:
2 sons Henry J Swartz, Bay City, Mich
Claude Swartz, Cromwell, Ind. RR
3 daughters Miss Pellie Swartz - do. Ind.
Mrs. Fern Weirich, Ligonier
Mrs. Gladys Morris, RR 2 Syracuse
6 grand children

SEX	COLOR OR RACE	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male	white	married

Name of husband or wife: Roberta
Age of husband or wife if alive:

DATE OF BIRTH: Sept. 28, 1868
AGE (In years last birthday): 88
If Under 1 Year: Months | Days | Hours | Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
KIND OF BUSINESS OR INDUSTRY: Farm owner
BIRTHPLACE (State or foreign country): Indiana
CITIZEN OF WHAT COUNTRY?: U.S.A.
FATHER'S NAME: John Swartz
MOTHER'S MAIDEN NAME: Mary Ann Hubbard
WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of ser.)
SOCIAL SECURITY NO.: None
BRANCH OF SERVICE (Army, Navy or Marine)
(Regiment, Company or Command)
ENLISTED
DISCHARGED
NAME OF WAR
SERIAL NO.

INFORMANT (Hospitals follow Special Instructions on this item)
Signature: Claude Swartz
Address: RR Cromwell, Ind.
Relationship to the deceased: son

PLACE OF BURIAL
Cremation or Removal
Cemetery: Oak Park
DATE: 1-27 1957
Location: Ligonier
County: Noble State: Indiana

CEMETERY LOT NO.: Owner of Lot:
Section: Grave No.:

RELIGION: Methodist
CLERGYMAN: Rev. A. E. Helm
Address: Phone No.:
FUNERAL DATE: 27 January 1957
TIME: 1:00 PM, EST
PLACE: Cromwell Methodist Church
FRATERNAL AFFILIATIONS:

SINGERS:

BEARERS: Frank Harper - Ed Summers
A. R. Lovelace - Dale Hyrsay
John Hagan - Harold Gibson Jr.

FUNERAL DIRECTED BY: L Hmune License No. 1752
EMBALMER'S LICENSE NO.: 4180

SPECIAL REMARKS:

Approved Form of the Federated Funeral Directors of America, Springfield, Illinois
D. F. 14
Copyrighted F. F. D. of A.

DESCRIPTION OF CASKET

Purchase Date	Size	Description	Interior
From	Mfrs. No.	Our Number	Finish
Cost before Cash Discount	Trimmed Complete	Covering	Color

COST AND SALE RECORD

A. Services, including casket and merchandise _____ $
Outside Receptacle _____
(Kind)

B. Cash Advanced for Accommodation Items _____

C. Additional items ordered later _____ _____

Total

Amount Paid - Cash - _____

Balance

Terms: _____

Selling Price of This Funeral Service _____ ☞

REVENUE ITEMS AND THEIR COST

Cost of Casket	56	
*Outer Case-Cost $_____ Selling Price		
*Embalming - " $_____ " "		
*Clothing - - " $_____ " "		
Livery		
Total		
Total Cash Advances		
Discount (if not figured in operation cost)		
Total Net Cost of Funeral	☞	
Gross Profit on Funeral		
**Less Operation Cost per Funeral		
Net Profit or Loss Apparent		

REMARKS:

*The selling prices of accessories are used in determining "Net Profit Apparent" if profits from sale of accessories are listed as an offset to operating expense in determining the operation cost per case. (See Simplified Cost Form under "Deductions from Operating Expense B").

**Be sure all items not covered by direct costs are included in operation cost and properly proportioned to each and every adult case.

(A) OUR SERVICE, including merchandise selected

Personal and Staff Service . . . . _____
Preparation and Preservation . . . _____
Funeral Facilities and Equipment . . _____
Visitors Register . . . . . _____
Acknowledgment Cards . . . . . _____
Funeral Car or Sedan . . . . . _____
Casket Coach . . . . . _____
Casket . . . . . _____
. . . . . _____

Outside Receptacle . . . . . _____

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____
. . . . . _____

Total (A) _____

(B) ACCOMMODATION ITEMS

Tax . . . . . _____
Cemetery Charges . . . . . _____
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . . . _____
R. R. Transportation . . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
. . . . . _____

Total (B) _____

(C) ADDITIONAL ITEMS ORDERED LATER

. . . . . _____
. . . . . _____
. . . . . _____
. . . . . _____
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Total (C) _____

Total Amount _____

No. 102

Jan 28 1957

Received of L. H. Moore Funeral Home

Thirty five dollars & no/100 Dollars

Grave opening James Edward Swartz

Amount Paid $35.00

Balance Due $ -0-

S.F.

Ligonier Cemetery Association

Susan Smith

Paper Patented By N. C. R. Co. National No. 46-876 Made in U. S. A.

763

1

L. H. MOORE FUNERAL HOME

CROMWELL, INDIANA
Telephone 27
"Ambulance Service"

FUNERAL PURCHASE RECORD

No. 135

25 Jan 1957

Full name of deceased James Edward Swartz Age 88

Deceased is _____ of person arranging services.
(Give relationship)

(A) Services, including merchandise . . . $ 680 00

(B) Accommodation Items . . . . . $ 35 00

Total (A & B) $ 715 00/100

* (C) Additional items ordered later . . . $ _____
It is agreed any additional items ordered later shall become a part of this agreement and shall be inserted therein.

Total Amount $ 715 00

My, or our, preference for settlement is:

Terms _____

_____
Legal rate of interest after maturity.

I, or we, accept and approve the above.

We agree to render the service and furnish the merchandise indicated above.

_____
Signature of Purchaser

_____
Address

_____
City State

L. H. MOORE FUNERAL HOME

By H Moore

Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State
Signature of Co-purchaser	Street Address	City and State

(A) **OUR SERVICE, including merchandise selected**

Personal and Staff Service
Preparation and Preservation
Funeral Facilities and Equipment
Visitors Register
Acknowledgment Cards
Funeral Car or Sedan
Casket Coach
Casket

455 00/100

Outside Receptacle 225 00

Clothing . . . . . _____
Foot Wear . . . . . _____
. . . . . _____

Total (A) 680 00

(B) **INCIDENTAL ACCOMMODATION ITEMS**
To Permit Us To Render A Better Service We Advance The Monies On These For Your Convenience.

Cemetery Charges 35 00
Additional Autos . . . . . _____
Telegrams . . . . . _____
Long Distance Telephone Calls . _____
R. R. Transportation . . . . _____
Flowers . . . . . _____
Clergyman . . . . . _____
Special Music . . . . . _____
Obituary Notices . . . . . _____
. . . . . _____
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Total (B) 35 00

(C) **ADDITIONAL ITEMS ORDERED LATER**

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. . . . . _____
. . . . . _____

Total (C) _____

Total Amount

TRIPLICATE Form D F 22 Copyrighted F. F. D. of A.

FOLIO _____

FILE RECORD

Original Sales Approval Form Mailed to Federated F. D. of A._____195____ Amt. $_____

Payment Received in Full_____195____ Check Number_____

Individual Payments Received as follows:

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE
2/6/57	7 1 5 00	7 1 5 00	
		Paid in full	
		from	

DATE RECEIVED PAYMENT	DEBIT	CREDIT	BALANCE DUE

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Andrews	Lundy L. (Jack)	170			
Adkins	Martin	204			
Acker	Anna B.	229			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Bromley	David Allan	139			
Bickel	Raymond Randolph Sr.	141			
Bitner	Margaret Jane	162			
Brown	Ronald H.	165			
Bowling	Lizzie Belle	167			
Bunger	C. Alcorn	169			
Bowling	James E	174			
Bittner	Paul E.	187			
Baughn	Luther D.	197			
Birkhold	Clinton Jefferson	211			
Bair	Emma R	216			
Birkhold	Susan M.	222			
Brown	Margaret	224			
Beagley	Mary	226			

J-80396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Christine,	Louis L	140			
Click,	Emanuel	181			
Caskey,	Robert H.	192			
Correll,	Oscar	195			
Collinsworth,	Denny O.	212			
Couts,	Jesse C.	217			
Conner,	Minnie M.	238			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Duggins	Donnabelle	178			
Ault	Mary Kathryn Nelson	183			
Dawault	Melvin H.	207			

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Earnhart	Glenn F.	174			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Fisher,	Infant	142			
Fausnaugh,	Joe E.	164			
Fritz,	Cora, L.	239			

J-80396 KARLOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Iden,	Ada Elizabeth	148			

J-80396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Jaquay,	Sylvia Bell (Hadley)	145			
Johnson,	Kathy V.	149			
Johnston,	Carl	219			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Knopfel,	Gust A. Jr.	156			
Kittler,	John W.	160			
Kohn,	Oie Pearl	168			
Kopcek,	Mary Catherine	180			
Kiser,	Perry W.	203			
~~W. P.~~ Keeley,	Wm Paul	231			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Longenecker,	Mollie	166			
ix Court,	Vassa	190			
Leamon,	Harrison C	194			
Long,	Charles W.	241			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Michael,	Infant (Girl)	136			
Miller,	Ethel J.	137			
Messenmake,	Minnie A.	151			
Miller,	Levi	163			
Miller,	Hugh W.	172			
Myers,	Ray C.	182			
Miller,	Anna S.	196			
Mock,	Willis D.	205			
Prentiss,	William W.	215			
Mock,	Charles M.	234			
Miller,	Russell L	245			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
McDonald	Joseph V.	138			
McFarren,	Clarence	159			

J-80396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Nelson,	Minnie E	198			
Nilsen,	Thomas	220			

J-50396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Phares	Elizabeth	176			
Poyser	George M	230			

J-50396 KRILOFFICK IND., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Reeve,	Emma a	161			
Rothe,	Eleanor	191			
Reardon,	Birt	218			
Rodgers,	Melvin G	227			

J-30396 KRILOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Swartz	James Edward	135			
Stabler	Esther a	146			
Spring	Eliza Jane	147			
Samuelson	Simon	158			
Shock	Carrie May	171			
Swager	Milton J.	177			
Sparrow	Carl O	180			
Summers	Edmund	201			
Slabaugh	Keith E.	203			
Stewart	Myrtle L.	236			
Swartz	Nannie Roberta	246			

J-80396 KRILOFFICE IND., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Taylor,	Ivan L.	188			
Twait,	Lora E.	214			

J-50396 KARLOFFICE INC., CHICAGO, ILL.

FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER	FAMILY NAME	GIVEN NAME	ACCOUNT NUMBER
Wright,	Clara A.	143			
Walters,	Julia Etta	153			
Werker,	Lena R.	235			

J-80396 KRILOFFICE INC., CHICAGO, ILL.

9/3/2010
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